

**The Home for Men  
ADMISSION APPLICATION**

**Part I: General Information**

Full Name:					
Present Address:					
City:		State:		ZIP Code:	
Years:					
SSN:		Phone Number:			
Date of Birth:		Place of Birth:			
Martial Status: (bachelor, widowed, divorced, married)					

List minimum of one contact person and relatives:

Name	Relationship	Address	Phone

Please check YES or NO:

YES

NO



Power of Attorney



Medical Power of Attorney



Living Will

<b>Employers</b>	<b>Positions Held</b>	<b>Years</b>

Hobbies and Interests:

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Personal References (other than family): One reference must be from the local area.

<b>Name</b>	<b>Address</b>	<b>Phone</b>

Have you had any previous arrests? If “yes,” what was the nature of the arrest(s) and the date(s) of the arrest(s)?

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Other information you wish to submit in support of this application:

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The above information is complete and correct.

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature:

**Part II: Confidential Financial Information**

Sources of Income:

Social Security \$\_\_\_\_\_ per month

Other Pension(s) \$\_\_\_\_\_ per month

Veteran Administration Benefits \$\_\_\_\_\_ per month

Other \$\_\_\_\_\_ per month

DEBT: \$\_\_\_\_\_ per month

Please provide a photo copy of your Social Security and Pension statement or last year's tax return.

The above information is correct and complete to the best of my knowledge.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

**Part III: Medical Information**

Full Name:	
Date of Birth:	
Choice of Hospital:	
How long have you been his attending physician?	

List current medications:


Allergies: \_\_\_\_\_

PPD Skin Test: \_\_\_\_\_ (X-ray required if positive)

Please indicate below:

\_\_\_\_\_ This patient is able to administer his medications.

\_\_\_\_\_ This patient is unable to administer his medications.

This patient is applying for residency at The Home for Men. The resident must come to meals unassisted, administer his own medications and maintain good personal hygiene. The Home for Men's staff is not permitted to assist in any way with medications (prescribed or over-the-counter), eye and ear drops, or dressings. We are NOT a nursing home or a personal care home. Therefore, the resident must be capable of a level of self-care that does not require special assistance. The Home for Men provides living accommodations, meals, laundry, outings, and activities.

I have read the above and hereby state that I have examined \_\_\_\_\_ who is applying for admission to The Home for Men. I find him physically qualified for admission to The Home for Men and free of communicable diseases.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name of Physician

\_\_\_\_\_  
Phone Number

**APPOINTMENT OF REPRESENTATIVE TO ENTER ROOM**

I, \_\_\_\_\_, do hereby appoint as my representative,  
(RESIDENT)

\_\_\_\_\_, \_\_\_\_\_  
(NAME) (RELATIONSHIP)

My appointed representative is permitted to access my room at The Home for Men to remove clothing or other personal items, either upon my death or as I may otherwise direct. This appointed individual may be required to present photo identification to the Administrator prior to receiving entry into my room.

If my representative is unavailable, unable or unwilling to fulfill my request, the Administrator of The Home for Men in his or her discretion may enter my room with one other person for the purpose of removing my personal property.

In the event of my death, all personal belongings in my room shall be considered property of my estate. The Home for Men shall be protected by my estate in relying upon these instructions.

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**APPOINTMENT OF REPRESENTATIVE TO RETRIEVE MAIL**

I, \_\_\_\_\_, do hereby appoint as my representative,  
(RESIDENT)

\_\_\_\_\_, \_\_\_\_\_  
(NAME) (RELATIONSHIP)

My appointed representative is permitted to retrieve my mail from my mailbox at The Home for Men. This appointed individual may be required to present photo identification to the Administrator prior to receiving my mail.

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## **Personal Medical Alert Monitoring System**

The Home for Men initiated a personal medical alert monitoring system for its residents. At the time of admission to The Home for Men, all residents will be charged a one-time fee of \$125.00 to cover the cost of servicing and maintaining the system.

This system is not connected to a hospital or fire department. The system has a limited range of The Home for Men's immediate premises only.

When the unit is personally activated, The Home for Men will receive a telephone call, and a staff member will come to the resident's aid as soon as possible.

If the resident desires to utilize the monitoring system, he will have a choice of either a necklace or bracelet unit. The monitor is waterproof.

The Home for Men encourages all residents to use the personal medical alert monitoring system provided by The Home for Men. If the resident declines a monitor, he must sign a waiver indicating his decision.

If a resident requires or desires other personal medical alert monitoring, it will be the resident's responsibility and expense to make those arrangements.

The Home for Men assumes no liability for any accidents or injuries sustained by the resident during his residency at The Home for Men.

When the resident leaves The Home for Men, the unit remains the property of The Home for Men.

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Resident

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Date

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Administrator

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Date

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Contact Person/Family Member (optional)

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Date

**Personal Medical Alert Monitoring System**  
**(Waiver)**

I, \_\_\_\_\_, do not desire to use the personal medical alert monitoring system which is provided by The Home for Men.

In the event that I decide to use The Home for Men's medical alert monitoring system, I will be responsible for a one-time fee of \$125.

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date



## Resident's Inventory List

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1	
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25	

## **Resident's Responsibilities Regarding Private Bathroom in Room**

### **The Home for Men's Responsibilities Regarding Private Bathrooms in Rooms**

#### Resident's Responsibilities:

It is the responsibility to advise the aide on duty, housekeeper or administrator of any item(s) that need to be restocked, cleaned or repaired in the resident's private bathroom in the resident's room.

#### The Home for Men's Responsibilities

All private bathrooms will be monitored by the housekeeper on a daily basis. The housekeeper will thoroughly clean all private bathrooms on a weekly basis. A schedule will be coordinated between the resident and the housekeeper to establish a time for the resident to vacate his room in order for the housekeeper to enter the resident's private bathroom for cleaning.

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Resident

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Date

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Administrator

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Date

Date: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Please Check Your Preferences Below:

**Breakfast:**

Drinks

- \_\_\_\_\_ Decaf Coffee
- \_\_\_\_\_ Regular Coffee
- \_\_\_\_\_ Orange Juice
- \_\_\_\_\_ Cranapple Juice
- \_\_\_\_\_ White Milk
- \_\_\_\_\_ Water
- \_\_\_\_\_ Hot Water (tea)

Breads

- \_\_\_\_\_ White (toast)
- \_\_\_\_\_ White (untoasted)
- \_\_\_\_\_ Multi-grain (toasted)
- \_\_\_\_\_ Multi-grain (untoasted)

**Dinner:**

Drinks

- \_\_\_\_\_ Iced Tea
- \_\_\_\_\_ Lemonade
- \_\_\_\_\_ Decaf Coffee
- \_\_\_\_\_ Regular Coffee
- \_\_\_\_\_ White Milk
- \_\_\_\_\_ Water
- \_\_\_\_\_ Hot Water (tea)

Breads

- \_\_\_\_\_ White
- \_\_\_\_\_ Multi-grain

**Supper:**

Drinks

- \_\_\_\_\_ Iced Tea
- \_\_\_\_\_ Lemonade
- \_\_\_\_\_ Decaf Coffee
- \_\_\_\_\_ Regular Coffee
- \_\_\_\_\_ White Milk
- \_\_\_\_\_ Water
- \_\_\_\_\_ Hot Water (tea)

Breads

- \_\_\_\_\_ White
- \_\_\_\_\_ Multi-grain

Special Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The Home for Men, Inc.**  
**ADMISSION AGREEMENT**

THIS AGREEMENT, made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between THE HOME FOR MEN, INC., a West Virginia non-profit corporation, located at 1700 Warwood Avenue, Wheeling, West Virginia, 26003, hereinafter referred to as the “Home,” and \_\_\_\_\_ formerly residing at: \_\_\_\_\_, \_\_\_\_\_ hereinafter referred to as the “Resident.”

1. UNDERTAKING OF THE HOME:

The Home shall provide the Resident with a private room at the Home’s facility at 1700 Warwood Avenue, Wheeling, West Virginia, 26003. The basic provisions of the Home include: three (3) meals per day, snacks, laundry, maintenance, and weekly housekeeping services, televisions cable, transportation to doctor’s in the immediate area, errands, podiatrist and barber visits on premises, and organized outings and activities. The Home neither provides for nor assumes any responsibility for the health care and/or personal expenses of the Resident, including but not limited to, payment of medical, dental, hospital, surgical, visual, prescription medications or funeral expenses; further, the Home assumes no liability for any accident or injury sustained by the Resident during his residency at the Home.

The Home provides insurance coverage for the Residents’ personal property but not more than \$5,000 for any one Resident. Each Resident should complete a Resident’s Inventory List at the time of entering the Home referencing any valuable which the Resident intends to store in his room. The Resident’s Inventory List must be returned to the Administrator upon completion in order for it to be retained in the Resident’s personal file in the office. (A Resident’s Inventory List is included in this packet.)

2. UNDERTAKING OF THE RESIDENT:

The Resident understands that harmony in communal living of the type maintained by the Home is essential. The Resident agrees to abide by the rules and regulations, requests and instructions of the Home's staff. The Resident understands that he must be able to come to meals unassisted, to administer his own medications and to maintain good personal hygiene. The Home encourages all Residents to have a Medical Power of Attorney prepared at the time of admission.

The Resident agrees to pay his monthly fee on or before the 19<sup>th</sup> day of each month in the amount of \$650.00 for a private room without a bathroom or \$900.00 for a private room with a bathroom. The Home reserves the right and privilege to adjust the monthly fee annually to correspond with the costs of operating the Home. Adjustments in the monthly fee will be communicated, in writing, to the Resident by the Administrator on or before August 31 of each year.

All personal clothing, spending money, health insurance premiums and other similar costs shall be the personal financial obligation of the Resident.

All Residents are prohibited from possessing any firearms and/or explosives at the Home's premises.

3. LEVEL OF CARE:

The Home encourages a great deal of independence for its Residents. As a consequence, each Resident must be capable of a level of self-care which does not require special assistance.

4. INDEFINITELY VACATING PREMISES:

The Resident must notify the Administrator, when he is planning to be away from the Home indefinitely. When the Resident has returned to the Home, he must immediately notify the Administrator or the Aide on duty.

5. TERMINATION OF AGREEMENT BY RESIDENT:

The Resident may terminate his residency at The Home for Men with or without cause at any time. In the event the Resident voluntarily terminates his Agreement with the Home or transfer to another facility, no refund of the Resident's monthly fee will be issues to the Resident.

6. TERMINATION OF AGREEMENT BY ADMINISTRATOR:

a) Termination Due to Healthcare Status of Resident

The Administrator reserves the right to make the determination as to when a Resident's needs exceed the level of care which is provided by The Home for Men. When the Administrator evidences a decline in a Resident's ability to maintain the level of self-care which is required by The Home for Men, the Administrator will immediately advise the Resident's designated contact person and/or Power of Attorney of the same and suggest an appropriate departure date for the Resident.

The Administrator's decision is final in this matter. In the event the Administrator terminates the Resident's Agreement with The Home for Men, no refund of the Resident's monthly fee will be issues to the Resident.

b) Other Reasons for Termination

The Administrator can terminate the agreement for any reason in his/her sole judgment, upon thirty (30) days' notice to the Resident. The Administrator can also terminate the agreement immediately, if he/she determines that an immediate departure would be in the best interests of The Home for Men and/or its Residents. In the event that the Administrator terminates the Resident's agreement with The Home for Men, no refund of the Resident's monthly fee will be issued to the Resident.

IN WITNESS WHEREOF, this Agreement has been executed in duplicate  
the day and year first written above.

WITNESSES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADMINISTRATOR

\_\_\_\_\_

RESIDENT

THE HOME FOR MEN  
ADMISSION APPLICATION

STATEMENT BY APPLICANT

1. I certify that the answers I have given on the foregoing Admission Application (including Part I--General Information, Part II--Financial Information and Part III--Medical Information) are true, complete and correct and that no material information has been omitted or withheld.
2. My medical condition is fully disclosed on Part III--Medical Information, and I know of no medical problem that would affect my ability to care for myself or to function harmoniously at The Home for Men. If requested, I agree to submit to a general examination with a physician of the Home's choice with the understanding that the Home will pay all costs. I am willing and able to administer my own medications.
3. I understand that if I am admitted to the Home and it is discovered that false, incomplete or misleading statements were made in connection with my application, I shall be subject to immediate dismissal from the Home, forfeiting all rights to re-admission.
4. I understand and agree to abide by the Home's requirements and regulations during my residency at the Home. I further agree to contribute to the harmonious, communal spirit of the Home. I recognize that there is zero tolerance for aggressive behavior by a resident toward another resident, employee, and/or the Home.
5. If accepted to the Home, I shall become a resident of the Home within thirty (30) days from the date of notification unless other arrangements were agreed to during the application process.

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_ TO WIT:

\_\_\_\_\_ states that all information set forth in the Admission Application is complete and correct to the best of his knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

Taken, sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_.

Official Seal:

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



**PERSONAL MEDICAL ALERT MONITORING SYSTEM**

EFFECTIVE FEBRUARY, 2008 THE HOME FOR MEN INITIATED A PERSONAL MEDICAL ALERT MONITORING SYSTEM FOR ITS RESIDENTS. AT THE TIME OF ADMISSION TO THE HOME, ALL RESIDENTS WILL BE CHARGED A ONE-TIME FEE OF \$125.00 TO COVER THE COST OF SERVICING AND MAINTAINING THE SYSTEM.

THE SYSTEM IS NOT CONNECTED TO A HOSPITAL OR FIRE DEPARTMENT. THE SYSTEM HAS A LIMITED RANGE OF THE HOME'S IMMEDIATE PREMISES ONLY.

WHEN THE UNIT IS PERSONALLY ACTIVATED, THE HOME FOR MEN WILL RECEIVE A TELEPHONE CALL, AND A STAFF MEMBER WILL COME TO THE RESIDENT'S AID AS SOON AS POSSIBLE.

THE RESIDENT WILL HAVE A CHOICE OF EITHER A NECKLACE OR BRACELET UNIT. THE MONITOR IS WATERPROOF.

IF A RESIDENT REQUIRES OR DESIRES ANOTHER TYPE OF PERSONAL MEDICAL ALERT MONITORING SYSTEM, IT WILL BE THE RESIDENT'S RESPONSIBILITY AND EXPENSE TO MAKE THOSE ARRANGEMENTS.

THE HOME FOR MEN ASSUMES NO LIABILITY FOR ANY ACCIDENTS OR INJURIES SUSTAINED BY THE RESIDENT DURING HIS RESIDENCY AT THE HOME FOR MEN.

WHEN THE RESIDENT LEAVES THE HOME, THE UNIT REMAINS THE PROPERTY OF THE HOME FOR MEN.

\_\_\_\_\_  
(RESIDENT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(ADMINISTRATOR)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(CONTACT PERSON/FAMILY MEMBER) *OPTIONAL*

\_\_\_\_\_  
(DATE)