SENIOR SUITES
at Sakakawea
813 7th Street NE
Hazen, North Dakota 58545
Phone 701-748-2290
Fax 701-748-3883

ENTRANCE APPLICATION

Name:_____ Date: _____

Address: _____ Phone: _____

Age: _____Sex: _____ Marital Status: _____DOB: _____

Social Security #: _____ Medicare #: _____

Other Insurance: _____

Residence last 5 years: _____

Is there a designated Power of Attorney? ☐Yes ☐No If answer is yes:

Name: _____ Phone: _____

Address: _____

Name of spouse: _____ Living: ☐Yes ☐No

Name of Relatives Relationship Address Phone

_____

_____

_____

_____

Education: _____ Employment History: _____

Special Interests: _____

Church: _____ Pastor: _____

Doctor: _____ Clinic: _____

Hospital: _____ Dentist: _____

Do you smoke? ☐Yes ☐No Chew? ☐Yes ☐No Use Alcohol? ☐Yes ☐No

Does the resident need help:

☐ To get in and out of chair
☐ To get in and out of bed
☐ With feeding
☐ To dress and undress
☐ With toilet needs
☐ With bathing
☐ With walking

Does resident need extra supervision due to:

☐ Mental confusion
☐ Emotional problems
☐ Involuntary elimination
☐ Poor eyesight
☐ Special diet
☐ Special skin care

Special diet: _____

Medication: _____

_____

_____

Who will take care of costs: _____

Medicaid/Other arrangements: _____

Referred by: _____

Reason for referral: _____

Person to contact regarding referral: _____

Interested in: ☐ Private Suite ☐ Semi-Private Suite

Prior to admission to Senior Suites, the applicant will be required to complete a medical examination by a physician, which will include laboratory tests and tests for tuberculosis and COVID-19. The applicant will also be required to have an assessment completed by a nurse at Senior Suites. When these are completed, a determination will be made if Senior Suites can meet the needs of the applicant.

Approved _____

Reviewed _____

Revised _____

Please return this completed form to Senior Suites by mail or email it to tparker@smcnd.org.