



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:

- | | |
|---|--|
| <input type="checkbox"/> To get in and out of chair | <input type="checkbox"/> With toilet needs |
| <input type="checkbox"/> To get in and out of bed | <input type="checkbox"/> With bathing |
| <input type="checkbox"/> With feeding | <input type="checkbox"/> With walking |
| <input type="checkbox"/> To dress and undress | |

Does resident need extra supervision due to:

- | | |
|--|--|
| <input type="checkbox"/> Mental confusion | <input type="checkbox"/> Poor eyesight |
| <input type="checkbox"/> Emotional problems | <input type="checkbox"/> Special diet |
| <input type="checkbox"/> Involuntary elimination | <input type="checkbox"/> 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 a test for tuberculosis. 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 _____