ELDERCARE NETWORK OF LINCOLN COUNTY
P.O. BOX 652
DAMARISCOTTA, ME 04543
Phone 207-563-2148
Fax 207-563-2149

Preliminary Admission Application

☐ Boothbay Green
☐ Edgecomb Green
☐ Jefferson Green
☐ Hodgdon Green, Damariscotta
☐ Round Pond Green at King Ro
☐ Waldoboro Green
☐ Wiscasset Green

Applicant's Name: ______________________________ Date of Birth: __________________

Current Address: ____

Social Security # ___________________________ MaineCare # __________________________

Medicare # ____________________ Medicare Part D Plan & No. __________________________

Other Medical Insurance: ____

Living Independently ☐ With Family/Friends ☐ Boarding Home ☐

Nursing Home ☐ Waiting in the Hospital ☐ Other:_______________________________

Marital Status Single ☐ Married ☐ Widowed ☐ Separated/Divorced ☐

Primary reason for interest in one of our facilities:

____

____

Projected date of move: ________________________ Telephone: __________________________

Health Information

Physician/Address: ____

Describe any medical problems (list known diagnoses):

____

____

____

Any mental health or behavior problems?

____

____

____

Medications being taken:

____
____
____

Describe any special dietary needs:

____
____
____

How does the applicant move between locations in areas on the same floor?

Moves around: Independently ☐ Wheelchair ☐ Walker ☐ Cane ☐

Other: ____

Can Applicant do stairs? ____

Special needs, such as oxygen, injections, catheter? Please list: _________________________

____
____

____ Smoker ____ Non-smoker ____ Never Smoked

Financial Information

Current income source for applicant (check all that apply):

SSI ☐ Social Security ☐ VA Benefits ☐ Private Pension ☐

Assets: ____________________________ Other: _____________________________________

____

Does the applicant have community MaineCare? ____________

Has the applicant applied for long-term care MaineCare? __________

If yes, approximate date of application: ___________________

Name and Phone number of MaineCare worker: ________________________________

Any other information to share?____

____
____
____

Referral Information

Name of person making the referral: ____

Address: ____

Relationship: ______________Home phone: _______________ Work phone: ______________

Financial POA _______________________ Medical POA ____________________________

Living Will __________________________ Advance Directives _______________________

Date: ____________________________

Mail completed form to:

Resident Application
ElderCare Network of Lincoln County
P.O. Box 652
Damariscotta, ME 04543