

**ELDERCARE NETWORK OF LINCOLN COUNTY
P.O. BOX 652
DAMARISCOTTA, ME 04543**

Phone 207-563-2148

Fax 207-563-2149

Preliminary Admission Application

Edgecomb Green Round Pond Green

Jefferson Green Waldoboro Green

Hodgdon Green, Damariscotta

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 case 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 _____ Advanced Directives _____

Date: _____

Mail completed form to:

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