Application for Admission to Grace House Akron

Complete application online or email to admissions@gracehouseakron.org

Applicants must:

Be enrolled in a hospice program

Do not have access to a caregiver or cannot afford a caregiver

Have a DNR CC order on State of Ohio form

No symptoms of COVID-19 or exposure to COVID-19 within 48 hours of admission

Does not have an infectious disease requiring adaptation of the house and/or staff

Negative TB screening or chest x-ray

Funeral arrangements made or in progress

Medication and equipment delivery prior to resident arrival

Requires supportive care due to safety needs, weakness, or inability to perform one or more self-care activities and does not have someone available 24 hours a day to assist the individual at home

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Will accept residents with:

Colostomy
Foley Catheter
Injections performed by hospice staff
Wounds with simple dressing changes
Urostomy
Denver Drain that hospice staff manages
O2 therapy/CPAP/BIPAP

Will not accept residents with:

Insulin dependent diabetes
Residents that wander
MRSA (respiratory)
Tracheostomy
Complicated wounds/dressings
Blood sugar monitoring
Active TB or COVID-19
Ventilator support
Tube Feedings
Injectable medications

In collaboration with your hospice provider, please complete the following application as thoroughly as possible.

**Grace House uses the demographic information requested for statistical purposes only. Services are provided as a gift of compassion to all with no regard to race, age, gender, or lack of financial resources or income.*

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Name:____ **Phone:** ______________________

Address: ____

SSN: __________________________________ **Date of Birth:** ________________________________

Age: __________ **Gender:** ______________**Ethnicity:**____________________________________

Marital Status:________________________

Shoe size:________________________ **Pant/shirt size (S, M, L, etc):**_________________

Are you a Veteran? ☐ Yes ☐ No

Number of people in immediate household:

Living situation immediately prior to Grace House Akron:

☐ Home ☐ Nursing Home ☐ Family Member Home ☐ Without a home

Why do you want to live at Grace House Akron?

What concerns do you have about your current housing/environment?

Do you have enough food? ☐ Yes ☐ No Do you feel safe at home? ☐ Yes ☐ No ☐ N/A

Please list any special care needs, preferences, or allergies:

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Diagnosis and Medical History:
What is your primary diagnosis? ____

Other medical history: ____

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Do you have:

Tuberculosis	Yes	No	Insulin dependent diabetes	Yes	No
Feeding Tube	Yes	No	I.V.	Yes	No
Do you require:			Sub Q Medication	Yes	No
Respirator/Trach	Yes	No			

Allergies: ____

Do you have a DNR? ☐ Yes ☐ No

Hospice Provider:____

Caregiver:

Do you have a caregiver now? ☐ Yes ☐ No

If yes, who is your caregiver? ____

Caregiver phone: ____

If your caregiver is no longer willing or able to take care of you please explain:

Emergency Contact Information:

Name:______________________________ **Phone Number:**________________

Email:____

Power of Attorney:

Do you have a Health Care P.O.A? ☐ Yes ☐ No

Name:______________________________Phone: ______________________________

Do you have a Living Will? ☐ Yes ☐ No

Do you have a legal Guardian? ☐ Yes ☐ No

If yes, who is your Guardian? ____

Guardian phone: ____

Financial Information

Medicare ☐ Yes ☐No **Medicaid** ☐ Yes ☐ No **Medicaid Waiver** ☐ Yes ☐No

No Insurance ☐ Yes ☐No

Occupation: Employer:

Household Income (Total Monthly Income): ________________________________

Total Monthly Expenses: ____

Income Sources: ☐ Employment ☐Retirement/Pension ☐ Social Security

☐ Disability ☐ Other

Savings account ☐ Yes ☐ No If yes, current balance: $____________________

IRA, 401k, Investments ☐ Yes ☐ No If yes, current balance: $____________________

Stocks, Bonds ☐ Yes ☐ No If yes, current balance: $____________________

Checking Account ☐ Yes ☐ No If yes, current balance: $____________________

Do you own home/property? ☐ Yes ☐ No If yes, value: $____________________

Mortgage balance: $________________ 2nd mortgage balance if applicable $____________

Do you own a pet:

- If yes, please tell us about your pet(s)

Is there anything else we should know about you?

Consent to release information: I authorize the exchange of information between my physician, hospice agency, caregivers, and Grace House Akron, to coordinate care at Grace House Akron.

I understand and agree that my residency at Grace House Akron may be re-evaluated at any time for changes in diagnosis, prognosis, or behavior. The information I have provided here is true and accurate to the best of my knowledge.

I understand that the mission of Grace House Akron is to serve those in need at end of life. I attest that I do not have the resources and my family does not have the resources to assist paid caregivers, care in a facility, or care in my home.

Signature of Applicant:____

Signature of person signing for applicant:______________________________________

Date:____________________

Office Use Only

Approved By: ____ Date: ________________________