

Application for Services United Retirement Center
405 First Avenue – Brookings, SD 57006
Phone: (605) 692-5351 - Fax (605) 692-5982
E-mail info@urcpp.com

SMOKE-FREE ENVIRONMENT

Level(s) of Service Needed:

- 1. United Retirement Center Skilled *Nursing*
- 2. Adult Day Care
- 3. Respite Care (limited to 30 days per stay)
- 4. Park Place Assisted living
- 5. Park Place Apartments

1. Name of Applicant(s) _____ Date _____

2. Address _____ Phone _____

3. Age _____ Birthdate _____ Marital Status (circle one) Sex (circle one)
_____ S M W D M F
_____ S M W D M F

4. Provide Identification Cards (copies will be made of):

Social Security Number _____ Are you a veteran? __ Yes __ No
Medicare Number _____ Retired from RR? __ Yes __ No
Medicaid Number _____

Copies of Insurance Coverage (health - dental - life - hospital - long-term care)

Name(s)	Policy Number(s)
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____

5. Legal Documents (copies will be made by our staff at no charge):

Durable Power of Attorney?	Medical	Financial	Both
Guardianship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Living Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Person Responsible for Finances:

Name _____
Address _____
Home Phone _____ Work Phone _____

6. In Case of Emergency Notify

	Name	Address	Relationship	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

7. Attending Physician _____ Phone _____
 Dentist _____ Phone _____

8. Funeral Home _____ Phone _____

9. Church Preference _____ Clergy _____ Phone _____

10. Contact when an opening occurs:

Name _____ Address _____ Phone _____

For Park Place Apartments Only:

11. Reservation Deposit (may be applied to the resident's fee)
 Amount \$ _____ Date Rec'd _____ By _____

12. Apartment Floor Plan Requested:
 _____ A. Two Bedroom (840 sq ft) _____ C. One Bedroom (484 sq ft)
 _____ B. Two Bedroom (740 sq ft) _____ D. One Bedroom (484 sq ft handicapped)

13. Deposit Paid _____

14. To Be Completed By Staff :

Admission Date _____ Time _____ Apt # _____

Service Level Required _____

ADDITIONAL INFORMATION:

The applicant is required to have a medical examination and physician orders must be received prior to admission for all services provided. The attending physician is asked to complete and send information directly to the United Retirement Center. The examination shall be paid for by the applicant or his agent.

All clothing and personal property brought on admission or at a later date must be properly marked with name and should be of washable material.

Residents having uncontrolled, violent behavior cannot be served or must be transferred to an appropriate facility that can meet their needs. The attending physicians and Administrator shall have the authority to make arrangements as deemed necessary and proper.

Permission is needed by the URC Social Worker, Administrator or Director of Nursing, before room furnishings are brought to the United Retirement Center. URC assumes no responsibility for residents' valuables, clothing, or furnishings.

Discharge Date: _____ Discharged to: _____