

Cheney Assisted Living criteria for admission:

1. Be independently mobile – able to ambulate or propel self without assistance and independently exit the building (assistive devices may be used).
 2. Able to manage his/her activities of daily living, transfer, and manage bowel and bladder care with adequate hygiene and without assistance.
 3. Having a colostomy, ileostomy, urinary catheter, oxygen or other medical need, including medication, must be capable of caring for that device by him/herself or with assistance available from a home health agency.
 4. Exhibiting behavior problems disturbing to other residents is inappropriate for this facility. If the behavior problem(s) can be controlled as a result of behavior management, medication, family, home health agency, or mental health intervention, the resident may be accepted for admission.
 5. Meet appropriate score on the mental and functional assessments conducted by a multidisciplinary team.
- If the resident’s needs cannot be met, the resident will not qualify for residency.

Cheney Assisted Living criteria for discharge:

1. Incontinence, if the resident cannot or will not participate in the management of the problem.
2. Immobility.
3. An ongoing condition requiring a one-person transfer.
4. Ongoing skilled nursing interventions needed 24 hours/day for an extended period of time. (In the event of a temporary illness wherein a licensed nurse was needed for treatment, I understand I can arrange privately for Home Health Services to attend to temporary needs).
5. Symptoms of dementia that exceed manageability.

I _____ or my legal representative _____ have read the above criteria for admission and discharge to/from the Cheney Assisted Living facility and I agree to comply with the terms and conditions set forth here and in the Assisted Living Agreement

Signature

Date

CHENEY ASSISTED LIVING

APPLICATION FOR ADMISSION

All Programs And Services Shall Be Made Available Without Regard To Race, Color, Religion, Natural Origin, Age, Disability, Marital Status, Veteran Status, Sex, Or Any Other Characteristic Protected By Law.

PERSONAL INFORMATION

Applicant's Name _____

Address _____ Telephone () _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Age ____ Present Housing (apt, private home, condo, etc.) _____

POWER OF ATTORNEY/GUARDIAN AND FAMILY INFORMATION

Power of Attorney/Guardian (circle one) _____ Time Power of Attorney/Guardian Becomes Effective _____

Age _____ Relationship _____ Spouse's Name _____

Address _____

Street _____ City _____ State _____ Zip _____

Occupation/Employer _____

Work Phone () _____ Home Phone () _____

Nearest Relative/Friend (circle one) _____

Age _____ Relationship _____ Spouse's Name _____

Address _____

Street _____ City _____ State _____ Zip _____

Occupation/Employer _____

Work Phone () _____ Home Phone () _____

PHYSICIAN INFORMATION

Physician _____ Telephone () _____

Address _____

Street _____ City _____ State _____ Zip _____

HOUSING PREFERENCE FOR ASSISTED LIVING

Housing Preference: Unit A/Studio 366 sq. ft. Unit C/1 Bedroom 481 sq. ft.

Unit B/1 Bedroom 428 sq. ft. Unit D/1 Bedroom 573 sq. ft.

ACKNOWLEDGEMENT STATEMENT

I acknowledge that the information in this application is correct, and I understand that my Physician may be contacted regarding my ability to live in an Assisted Living facility. I understand that a Deposit Fee of \$ 500.00 will be required as a security deposit and to hold the unit pending move in. The fee will be refunded in full or in part based on facility policy.

Applicant Signature: _____ Date: ____/____/____

Power of Attorney/Guardian: _____ Date: ____/____/____