

Date Submitted: _____

EFFINGHAM EXTENDED CARE FACILITY
PO Box 386
Springfield, Georgia 31329

The following applicant requests admission to the Extended Care Facility:

Mr. _____ Current
Mrs. _____ Address _____
Miss First Middle Last
Age _____ Date of Birth _____ Sex ____ Place of Birth _____

Health status of Applicant _____

Contact Person(s)

Name _____ Relationship _____
Address _____ Phone _____
Name _____ Relationship _____
Address _____ Phone _____
Name _____ Relationship _____
Address _____ Phone _____

Only the person signing below as “Person Assuming Responsibility for Applicant” is authorized to remove resident from the facility.

Financial Resources

Social Security (Recipient Under SS#) _____ \$ _____ per month
Georgia State Dept. of Public Welfare (Case #) _____ \$ _____ per month
Other (Give Source) _____ \$ _____ per month

Medicare Information

Number _____ Hospital Benefits() Medical Benefits() Veteran Benefits()

Medicaid Information

Number _____

Hobbies and Interests _____
Religious Affiliation _____ Church _____
Name of Minister _____
Physician Name/Address _____

****PLEASE NOTE THAT APPLICANT MUST HAVE A PHYSICIAN WITH ADMITTING PRIVILEGES****

Signed _____ Phone # _____
Applicant
Signed _____ Phone # _____
Person assuming responsibility for Applicant

*If any of the statements above have been falsified, the applicant is subject to removal from the facility without recourse. **NOTE:** All valuables should be left with relatives or checked into the office at the facility. All clothing should be marked with the applicant’s name.*

Has applicant ever been charged with a sex offense? Yes () No ()
(Applicants eligibility for admittance is contingent upon facility review.)

Signed _____ Phone # _____
Applicant

Signed _____ Phone # _____
Person assuming Responsibility for Applicant

If any of the statements above have been falsified, the applicant is subject to removal from the facility without recourse.

Should you have any questions or need assistance, please do not hesitate to contact the Social Services Coordinator at (912) 754-0302.