



## APPLICATION FOR ADMISSION



Applicant Name:

*JONES, Lawrence G*

Address:

*s/o Connolly 50 Tarleton Rd Newton Ctr MA 02459*

City:

*Goddard House ALF / Brookline*

State:

Zip Code:

Present location (if different from above):

With whom are you living?

↑

Are you receiving any assistance at home? (Please explain):

↑

Have you been on a tour of the German Centre?

*yes (attorney)*

Date of birth: <i><del>1922</del> 1922-07-08</i>	Place of birth: <i>Scranton PA</i>
Former occupation: <i>professor</i>	Date you retired: <i>1992-07-01</i>
Name of husband or wife: <i>unmarried</i>	
Father's name: <i>Fred Jones</i>	Mother's name: <i>Gertrude Jones (Williams)</i>
Are you of German heritage? <i>no</i>	What languages do you speak? <i>English, Russian, German, French</i> • other Slavic langs. (but now in dementia)

In case of an emergency, name and address of your nearest relative to consult with:

Name:

*M. J. Connolly*

Relationship:

*health proxy, durable POA, colleague, "next of kin"*

Address:

*~~617~~ 50 Tarleton Rd Newton Ctr MA 02459*

Home telephone number:

*~~617/552-3912~~ 617/964.4433*

Work telephone number:

*617/552.3912*

Does this person handle your finances?

*yes*

Does this person have legal responsibility for your affairs?

*YES POA durable, health proxy*

\*\*\*Please enclose a copy of Health Care Proxy, Power of Attorney, or Guardianship documents.\*\*\*

Deutsches Altenheim, German Centre for Extended Care, is dedicated to the preservation and encouragement of German culture, but welcomes all persons irrespective of race, color, creed, or ethnic background.



## Primary Care Physician

Name:

*John R. Anderson*

Address:

*300 Mt Auburn St / 517 Cambridge MA 02138*

Telephone number:

*617 / 868-0847*

Hospital affiliation:

*Mt Auburn*

## Medications, Special Diets, Assistive Devices

Please list medications that you are currently on:

*Effexor (Venlafaxine) 37.5mg*

*(Aspirin 81mg)*

*Loperamide (Immodium) 2 x 2mg*

*(Ibuprofen 1000mg)*

*Omeprazole (Prilosec) 20mg*

*(Ferrous gluconate 324mg)*

*Namenda (Memantine) 15mg*

Special or restrictive diets currently on?

*avoid coffee*

Assistive devices such as a cane, walker, or wheel chair that you require?

*cane, walker*

## Insurance Information

Please give the numbers as they appear on the card. Remember to provide a copy of the cards.

Social Security number:

*191-14-9552*

Medicare number:

*191-14-9552A*

Medex:

*BCBS XXG 984140159*

Other supplemental insurance:

Other insurance:

Other insurance claim address and telephone:

Medicaid number:

Has a screening for long-term care been completed?

*Yes.*

If so by whom?

*Goddard Hse ALF/Brookline*

And their telephone number:

*617 731 8500 x 111 (Rita Busick)*

Have you been in a rehab facility in the past year?

*Yes. Goddard Hse SCF/Jamaica Plain*

When?

Where?

Please give a summary of your personal assets, which will be used to pay for your nursing home stay.

Be specific with type of account and approximate amount.

*income: 99 \$772/mo, annuity (TIAA-CREF) \$200.-/mo, dividends/interest 300-500/mo.*

*accounts:*

*Cambridge Trust Co ~180,000 \$CHK, 88,000 \$VGR*

*Cambridge Savings Bank 140,000 \$VGR*

*Citi's Bank 63,000 \$VGR, 5,000 \$CHK*

*1 account (Schwab)*

*Cash acct 63,700, portfolio 228,000*

*property:*

*condominium (246 Beattle #2, Cambridge) \$450,000*