SAMUEL W. BELL HOME FOR SIGHTLESS, INC.
(A Non Profit Corporation)
3775 Muddy Creek Road, Cincinnati, Ohio 45238

APPLICATION FOR ADMISSION

Name_____Address_____

Social Security Number _____-____-_____ Telephone No _____ Date of Birth _____

Martial Status: Married ___ Widow ___ Widower ____ Separated ___ Divorced ___ S ingle____

Name and address of nearest relatives:
_____Telephone No_____

_____Telephone No_____

Name and address of person to be contacted in case of emergency:

_____Telephone No._____

Name of applicants physician:, Telephone No.

Occupation and place of employment

Check each illness or infirmity you now have or have suffered during past 5 years:

Diabetes____Tuberculosis____Paralysis____Venereal Disease____ Epilipsy____ Heart Condition____Stroke_____

Hearing Defect____ Nervous Disorder____ Pneumonia____ Mental Disability____

Other:_____

Are you able to walk without assistance? Yes____ No ____

Are you able to dress yourself? Yes____ No ____

Are you able to bathe yourself? Yes____ No ____

Are you able to eat meals we prepare by yourself? Yes____ No ____

Are you now taking medication? Yes____ No ____ If yes list below.

Name of medication(s)_____

FINANCIAL RESOURCES:

Monthly income from employment _____

Monthly income from Social Security, SSI or Veteran's Administration_____

Monthly income from a company pension_____

Total Amount of your debts _____

Over Please

MEDICAL INSURANCE:

Blue Cross	Yes	No
Blue Shield	Yes	No
Medicare Hospital Insurance	Yes	No
Medicare Medical Insurance	Yes	No
Other Health Insurance	Yes	No

Name of Company_____

Life Insurance: State type, amount, name of company and whether it is paid in full:

_____

List 2 references, not family members, their addresses and phone numbers:

_____

_____

I hereby make application for admission into the Samuel W. Bell Home For Sightless, Inc. and certify that the information given above is true to the best of my knowledge and agree to abide by the rules and regulations of the Home if admitted. I further understand that admission into the home secures no rights to the resident beyond the wishes and judgment of the Board of Trustees of the Home and that the Board of Trustees reserves the right to dismiss a resident any time that in their discretion the interest of the Home requires it.

Date of application _____ Signature of applicant_____

CERTIFICATE OF PHYSICIAN AS TO GENERAL HEALTH

Note to Physician: The Samuel W. Bell Home For Sightless, is a independent living (resident)home for the sightless and is **NOT A NURSING HOME** and not so staffed. Applicants must be physically well.

Is the applicant suffering from any communicable disease or other illness which would impair health, comfort, and safety of applicant or other residents in the home? Yes___ No___

Is applicant suffering diabetes or other illness which may require daily shots", or special diet? Yes___ No___

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Signature of Physician