

MONTGOMERY HOME

FOR AGED PEOPLE

64 South Main Street
Middleborough, MA 02346
(508) 947-0059

APPLICATION FOR ADMISSION

Name of Applicant: _____

Present Address: _____

Date of Birth: _____

Address(es) within the past five (5) years:

Father's Name: _____

Date of Birth: _____

Mother's Name: _____

Date of Birth: _____

Spouse: _____

Date of Marriage: _____

Names, Addresses, and Relationships of Nearest Relatives:

Approved by the Montgomery Home Board of Directors on 1/14/2025

I have resided in _____ (Middleborough, or another town) _____ years, from _____ to _____.

Are you in good health? _____

Are you able to care for yourself? _____ Care for your room? _____

Have you had any severe illnesses? _____

List: _____

Do you have any medical/physical handicaps? _____

List: _____

Are you able to do stairs? _____

Describe your:

Eyesight _____

Hearing _____

Blood Pressure _____

Diabetic _____

Fainting Spells _____

Anxiety _____

Headaches/migraine _____

Allergies _____

Are you able to administer your own medication? _____

List prescribed medications:

Do you see your medical provider for annual physicals? _____

Have you sought medical treatment/advice within the last five (5) years? _____

List:

Name, address, and telephone number of three (3) references:

- (1) _____

- (2) _____

- (3) _____

Name, address, and telephone number(s) for the Responsible Person who would be available in the event of illness, disability, and/or other matters in connection with your residency at the Montgomery Home:

Have you received a copy of the current General Rules of the Montgomery Home and do you agree to abide by the same, including amendments and revisions as voted upon by the Board of Directors for the Montgomery Home? _____

It is further understood by the Applicant that:

- (a) The Applicant will be examined by his/her primary care physician and will provide a written detailed report to the Board of Directors; and
- (b) Payment of the Admission Fee will be delivered with the signed Admissions Contract and copies of the Applicant's Health Care Proxy and Durable Power of Attorney before moving into the Montgomery Home for the Probationary Period as described in the Admissions Contract.

Name, address, and telephone number of primary care physician:

Health Insurance Coverage:

Preferred Hospital:

Preferred Pharmacy:

Additional Information which Applicant wishes to make the Board of Directors aware:

I certify the information contained herein is accurate and have signed the Application (consisting of 5 pages) this _____ day of _____, 202 .

Signature of Applicant

I am personally acquainted with the Applicant named above and would recommend him/her as a Resident of the Montgomery Home for Aged People, Inc. when there is a vacancy.

Name

Relationship

Name

Relationship

Name

Relationship