



**SENIOR SUITES**  
*at Sakakawea*

813 7th Street NE  
Hazen, North Dakota 58545  
Phone 701-748-2290  
Fax 701-748-3883

# ENTRANCE APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

Residence last 5 years: \_\_\_\_\_

Is there a designated Power of Attorney?  Yes  No If answer is yes:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Living:  Yes  No

Name of Relatives	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education: \_\_\_\_\_ Employment History: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_

Hospital: \_\_\_\_\_ Dentist: \_\_\_\_\_

Do you smoke?  Yes  No Chew?  Yes  No Use Alcohol?  Yes  No

Does the resident need help:

- |   |  |
|---|--|
| <input type="checkbox"/> To get in and out of chair | <input type="checkbox"/> With toilet needs |
| <input type="checkbox"/> To get in and out of bed   | <input type="checkbox"/> With bathing      |
| <input type="checkbox"/> With feeding               | <input type="checkbox"/> With walking      |
| <input type="checkbox"/> To dress and undress       |  |

Does resident need extra supervision due to:

- |  |  |
|--|--|
| <input type="checkbox"/> Mental confusion        | <input type="checkbox"/> Poor eyesight     |
| <input type="checkbox"/> Emotional problems      | <input type="checkbox"/> Special diet      |
| <input type="checkbox"/> Involuntary elimination | <input type="checkbox"/> Special skin care |

Special diet: \_\_\_\_\_

Medication: \_\_\_\_\_

Who will take care of costs: \_\_\_\_\_

Medicaid/Other arrangements: \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Person to contact regarding referral: \_\_\_\_\_

Interested in:            Private Suite                                    Semi-Private Suite

**Prior to admission to Senior Suites, the Applicant will be required to complete a medical examination by a physician, which will include laboratory tests and a test for tuberculosis. The applicant will also be required to have an assessment completed by a nurse at Senior Suites. When these are completed, a determination will be made if Senior Suites can meet the needs of the applicant.**

Approved \_\_\_\_\_

Reviewed \_\_\_\_\_

Revised \_\_\_\_\_