

INLAND CHRISTIAN HOME  
1950 S. MOUNTAIN AVENUE  
ONTARIO, CA 91762  
(909) 983-0084 FAX (909) 983-0431

Prospective Patient Admission & Financial Statement  
Alzheimer/Dementia Unit Admission Application

PATIENT INFORMATION:

NAME \_\_\_\_\_ AGE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

DIAGNOSIS AND/OR OTHER HEALTH INFORMATION \_\_\_\_\_

ABILITIES/BEHAVIORS CHECKLIST:

- |  |  |
|--|--|
| <input type="checkbox"/> Ambulatory          | <input type="checkbox"/> Dresses Self          |
| <input type="checkbox"/> Continent           | <input type="checkbox"/> Bathes Self           |
| <input type="checkbox"/> Wanders             | <input type="checkbox"/> Feeds Self            |
| <input type="checkbox"/> Aggressive Behavior | <input type="checkbox"/> Can follow directions |
| <input type="checkbox"/> Recognizes family   |  |

CHURCH AFFILIATION \_\_\_\_\_

COST OF SERVICES:

\$ 140.00 per day  
\$ 4,200.00 per month  
\$50,400.00 per year

INSURANCE AVAILABLE:

Private Insurance:  Yes  
 No  
Medicare:  Yes  
 No

Do you have sufficient funds available to meet the cost of providing health care service on an extended basis?  Yes  
 No

Approximately how long will you be able to pay privately for these services? \_\_\_\_\_

Inland Christian Home provides four levels of care, independent living units, retirement care, Alzheimer/dementia care, and skilled nursing care. Qualification for each level of care must be done prior to admission to that level of care. Each level of care will require a separate application, as well as, separate criteria for admission. Being accepted to one level of care does not automatically qualify you for the next level of care.

We will be retaining your application for two (2) years. If we have not heard from you during these two (2) years, your application will be discarded. If you contact us during the (2) year period and let us know you are still interested in admittance, we will note this on your application and retain it for two more years from the date of contact.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date