SENIOR COMPANION HOME

RESIDENT APPLICATION

A Smaller Setting. More Personal Care.

APPLICANT

Applicant Name: _____
Application Date: _____ Desired Move-In Date: _____
Home Preference: ☐ Portage ☐ Schererville ☐ Either Location

ABOUT THIS APPLICATION

This application helps With Open Arms Residential Care determine whether Oak Side Haven Senior Companion Homes can appropriately meet the applicant's residential, personal-care, supervision and support needs. Submission does not guarantee admission or a specific room. Final acceptance is based on assessment, available accommodations, payment arrangements, required documentation and whether the home can safely meet the applicant's needs.

219-350-6173
info@oaksidehavenseniorliving.com
www.oaksidehavenseniorliving.com

219-350-6173
Portage & Schererville, Indiana

APPLICATION INSTRUCTIONS

Please complete as much as possible. We will help identify any missing information.

HOW THE ADMISSION PROCESS WORKS

1. SUBMIT APPLICATION	Complete this packet and provide the available supporting documents.
2. INITIAL REVIEW	We review the applicant's needs, preferences, payment source and requested move-in timing.
3. RESIDENT ASSESSMENT	We meet with the applicant and/or representative to discuss daily routines, personal care, mobility, medications, safety and support needs.
4. HOME & ROOM MATCH	We determine whether an available Oak Side Haven home/room can safely and appropriately meet the applicant's needs.
5. FINANCIAL & DOCUMENT REVIEW	Rates, payment arrangements, required records and admission documents are reviewed before a move-in date is confirmed.
6. ADMISSION / MOVE-IN	Once approved and all requirements are complete, we coordinate the move-in, belongings, medications, care information and resident orientation.

IMPORTANT

Oak Side Haven is not an emergency placement. If the applicant is in immediate danger or needs emergency medical or psychiatric care, use the appropriate emergency service. Admission decisions are individualized and are not based on race, color, national origin, religion, sex, disability or other status protected by applicable law.

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APPLICANT & REPRESENTATIVE INFORMATION

APPLICANT INFORMATION

Legal Name	_____
Preferred Name	_____
Date of Birth	_____
Current Address	_____
City / State / ZIP	_____
Primary Phone	_____
Email	_____
Preferred Language	_____
Interpreter Needed?	☐ No ☐ Yes: _____
Marital Status	_____
Current Living Setting	☐ Own home ☐ Family home ☐ Facility ☐ Hospital/Rehab ☐ Other
Current County	_____

PRIMARY CONTACT / RESPONSIBLE PARTY

Name	_____
Relationship	_____
Phone	_____
Email	_____
Address	_____

Preferred Contact	☐ Phone ☐ Text ☐ Email

LEGAL REPRESENTATIVE

Status	☐ None ☐ Guardian ☐ POA ☐ Health Care Representative ☐ Other
Name	_____
Phone / Email	_____
Documentation Attached?	☐ Yes ☐ No ☐ Pending

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RESIDENTIAL PREFERENCES & BACKGROUND

HOME PREFERENCES

Preferred Home	☐ Portage ☐ Schererville ☐ Either
Room Preference	☐ Private room ☐ No preference
Desired Move-In Date	_____
Reason for Seeking Placement	_____
Previous Residential Setting	_____
What Is Most Important in a Home?	_____

DAILY ROUTINE & LIFESTYLE

☐ Early riser	☐ Late riser
☐ Enjoys group activities	☐ Prefers quiet/private time
☐ Enjoys outings	☐ Enjoys television/movies
☐ Enjoys music	☐ Enjoys reading
☐ Enjoys games/puzzles	☐ Enjoys faith/community activities
☐ Enjoys cooking/baking	☐ Enjoys gardening/outdoors

Typical Wake / Bedtime	_____
Favorite Activities / Interests	_____
Foods / Meals Enjoyed	_____
Religious / Cultural Preferences	_____
Visitors / Family Involvement	_____
Pets / Animal Concerns	_____

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Smoking / Vaping	☐ No ☐ Yes - Details: _____

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PERSONAL CARE & DAILY SUPPORT NEEDS

ACTIVITIES OF DAILY LIVING

Area	Independent	Needs Some Help	Needs Full Help
Bathing / Showering	☐	☐	☐
Dressing	☐	☐	☐
Grooming	☐	☐	☐
Toileting	☐	☐	☐
Eating	☐	☐	☐
Transfers	☐	☐	☐
Walking / Mobility	☐	☐	☐
Bed Mobility	☐	☐	☐

INSTRUMENTAL / HOUSEHOLD SUPPORT

☐ Meal preparation

☐ Laundry

☐ Housekeeping

☐ Shopping

☐ Transportation

☐ Appointments

☐ Phone use

☐ Money management

☐ Medication reminders

☐ Community outings

Additional Personal-Care Details _____

Preferred Care Routine _____

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MOBILITY, SAFETY & SUPERVISION

MOBILITY

Primary Mobility	☐ Independent ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other
Transfer Assistance	☐ None ☐ Stand-by ☐ 1-person ☐ 2-person ☐ Mechanical lift
Stairs	☐ Independent ☐ Assistance ☐ Avoids/Unable
Falls in Last 6 Months	☐ No ☐ Yes - Number/Details: _____
Equipment Used	_____

SAFETY / SUPERVISION

☐ Wandering / exit-seeking	☐ Fall risk
☐ Seizure history	☐ Swallowing / choking concern
☐ Skin / pressure injury concern	☐ Oxygen / respiratory equipment
☐ Hearing impairment	☐ Vision impairment
☐ Memory impairment	☐ Needs nighttime checks
☐ Needs cueing/redirection	☐ Behavior support needs

Supervision Needed	_____
Known Triggers / Behaviors	_____
What Helps Calm / Redirect	_____
History of Aggression / Unsafe Behavior	☐ No ☐ Yes - Explain: _____
Emergency / Safety Concerns	_____

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HEALTH, MEDICATION & PROVIDER INFORMATION

HEALTH INFORMATION

Primary Care Provider	_____
Provider Phone	_____
Preferred Hospital	_____
Pharmacy	_____
Pharmacy Phone	_____
Primary Diagnoses / Conditions	_____
Allergies	☐ None known ☐ Yes: _____
Special Diet / Texture	_____
Recent Hospital / Rehab Stay	☐ No ☐ Yes - Date/Reason: _____
Hospice / Home Health	☐ No ☐ Yes - Agency: _____

MEDICATION SUMMARY

Medication	Dose	Frequency	Purpose	Assistance Needed?

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MEDICATION LIST

Attach a current medication list if available. Before admission, Oak Side Haven may require medication orders, pharmacy information and other documentation necessary to safely coordinate the resident's medications within the home's permitted scope and policies.

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FINANCIAL & PAYMENT INFORMATION

PAYMENT SOURCE

☐ Private Pay

☐ Long-term care insurance

☐ Veterans benefit / Aid & Attendance

☐ Family / responsible-party payment

☐ Medicaid / waiver - future or applicable service only

☐ Other: _____

Person Responsible for Payment	_____
Relationship	_____
Phone / Email	_____
Billing Address	_____
Long-Term Care Insurance Company	_____
Policy # (if applicable)	_____
Monthly Budget / Available Resources (optional)	_____
Financial POA / Representative	_____

PAYMENT & MEDICAID

Oak Side Haven will review the applicable rate, included services, deposits/fees, payment schedule and any additional service arrangements before admission. Do not assume Medicaid or a waiver will pay for room and board or residential charges. Any Medicaid-covered service must be separately eligible, authorized and provided within With Open Arms Residential Care's active enrollment/contracting and service scope.

RATE DISCUSSION - OFFICE USE

Quoted Rate	_____
Deposit / Fee	_____
Payment Due Date	_____

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Additional Arrangements	_____

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DOCUMENTS & MOVE-IN CHECKLIST

PLEASE PROVIDE WHEN APPLICABLE

☐ Photo ID

☐ Insurance cards

☐ Medicare / Medicaid card

☐ Current medication list

☐ Physician / medical summary

☐ Recent discharge paperwork

☐ TB / health screening if required

☐ Guardian / POA / representative documents

☐ Advance directive / code status documents

☐ Long-term care insurance information

☐ Hospice / home health information

☐ Mobility equipment information

☐ Special diet / allergy information

☐ Emergency contacts

☐ Payment / billing information

☐ Other requested records

NOT EVERYTHING YET?

Submit the application even if some documents are still being gathered. We will tell you what is required before a final admission decision or move-in.

PERSONAL BELONGINGS PLANNING

☐ Clothing

☐ Toiletries

☐ Mobility aids

☐ Glasses / hearing aids

☐ Phone / charger

☐ Favorite bedding / comfort items

☐ Photos / personal decor

☐ Medication supply as instructed

Furniture / Large Items Planned _____

Special Equipment _____

Other Move-In Notes _____

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RESIDENT PREFERENCES & PERSON-CENTERED PROFILE

HELP US GET TO KNOW THE APPLICANT

What makes a good day for you?

_____

What do you enjoy talking about or doing?

_____

What routines are especially important to you?

_____

What makes you uncomfortable, anxious or upset?

_____

How do you prefer staff to offer help?

_____

Are there foods, activities, names or topics you strongly prefer or avoid?

_____

What would you like your life at Oak Side Haven to look like?

_____

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AUTHORIZATION & APPLICANT ACKNOWLEDGMENTS

PERMISSION TO COMMUNICATE

AUTHORIZATION

I authorize With Open Arms Residential Care / Oak Side Haven to communicate with the people and organizations listed below for purposes of reviewing this residential application, coordinating an assessment, obtaining information reasonably necessary for admission review, verifying payment/coverage information, and planning a safe transition if admitted. Separate medical-information authorizations may be required.

Name / Organization	Relationship / Role	Phone / Email	Authorized?

ACKNOWLEDGMENTS

☐ I understand that submitting this application does not guarantee admission, room availability or a specific move-in date.

☐ I understand that Oak Side Haven must determine whether it can safely and appropriately meet the applicant's needs before admission.

☐ I understand that rates, payment terms, house expectations, services, resident rights and admission documents will be reviewed separately before move-in.

☐ I certify that the information in this application is accurate to the best of my knowledge and I will disclose material changes before admission.

☐ I understand additional assessments, records or provider information may be requested when reasonably necessary for safe admission planning.

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SIGNATURES

Applicant Name	_____
Applicant Signature	_____
Date	_____
Representative Name	_____
Relationship / Authority	_____
Representative Signature	_____
Date	_____

WITH OPEN ARMS RESIDENTIAL CARE

Oak Side Haven Senior Companion Homes

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FOR OFFICE USE ONLY

Residential admission review - internal.

APPLICATION REVIEW

Application Received	_____
Reviewed By	_____
Home Considered	☐ Portage ☐ Schererville ☐ Either
Room Available	☐ Yes ☐ No ☐ Waitlist
Assessment Completed	☐ Yes ☐ No - Date: _____
Needs Within Home Scope	☐ Yes ☐ No ☐ Needs Further Review
Payment Source Verified	☐ Yes ☐ No ☐ Pending
Required Records Complete	☐ Yes ☐ No ☐ Pending

ADMISSION READINESS

☐ Applicant/representative interviewed

☐ Care needs reviewed

☐ Mobility/transfer needs reviewed

☐ Medication information reviewed

☐ Behavior/safety needs reviewed

☐ Diet/allergy needs reviewed

☐ Emergency contacts verified

☐ Legal representative verified

☐ Rate/payment terms reviewed

☐ Room/home match confirmed

☐ Move-in plan completed

☐ Admission documents prepared

DECISION

Status	☐ Approved ☐ Conditionally Approved ☐ Waitlist ☐ More Information Needed ☐ Unable to Accept

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Reason / Conditions / Missing Items	_____
Approved Home / Room	_____
Proposed Move-In Date	_____
Follow-Up Needed	_____
Reviewer Signature	_____
Date	_____

INTERNAL NOTE

Document admission decisions objectively and consistently. Do not promise placement until the assessment, payment arrangements, required documentation, room availability and final admission requirements are complete.