**Pre-Resident Check List**

\_\_\_\_ Admission Application

\_\_\_\_ Financial Application

\_\_\_\_ Resident Profile

\_\_\_\_ Name and Phone Number of Funeral Home you will be using

\_\_\_\_ Copies of insurance cards

\_\_\_\_ Copies of DPOA/Guardianship paperwork

\_\_\_\_ Copy of Advanced Directive

\_\_\_\_ DNR Port Form

\_\_\_\_ Notes from health physical **within the past year** to move in date

\_\_\_\_ Current medication list with written orders SIGNED BY PHYISICAN for **all** medications including scheduled, prns, vitamins, and over-the-counter medications such as Tylenol, cough syrup, laxatives, etc.

\_\_\_\_ Recent photograph

**Admission Check List**

\_\_\_\_ Signed contract by Financial DPOA/Guardian

\_\_\_\_ Signed acknowledgement of receival of Resident Handbook

\_\_\_\_Payment at time of admission

\_\_\_\_ Medications brought with the resident on the day of admission when applicable