



SHELTERED LIVING APPLICATION FORM

Personal Information

Date _____

▪ **Name** (Mr., Mrs., Ms.) _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Birth date _____ Place of birth _____

Social Security # _____ Medicare number _____

▪ **Next of kin or nearest friend** _____ Relationship _____

Address _____

City _____ State _____ Zip _____ Phone _____

▪ **What was your occupation** _____

▪ **Are you a member of The Mother Church?** _____ **For how long?** _____

▪ **Are you a member of a branch church?** _____

▪ **Describe briefly the ways you have served the cause of Christian Science:** _____

▪ **Do you attend church regularly?** _____ **If not able, please explain** _____

▪ **Do you rely radically on Christian Science for healing?** _____

▪ **How long have you relied on Christian Science for healing?** _____

▪ **Please describe a recent healing:** _____

▪ **Do you drink alcohol?** _____ **Do you smoke?** _____ **Do you use material remedies?** _____

Laxatives? _____ Cough drops? _____ Vitamins? _____ Aspirin? _____

Sleeping pills? _____ Diuretics? _____ Suppositories? _____ Drugs? _____

If yes, please explain? _____

▪ Have you been hospitalized? _____ If so, when? _____

▪ Have you had surgery? _____ If yes, please give description and date: _____

▪ Are there any challenges you are having that we should be aware of? _____

▪ Do you routinely care for yourself? _____

If no, please explain areas where you need assistance: _____

▪ Do you use mobility aids? (cane, walker, wheelchair) _____

▪ Do you routinely require the aid of a Christian Science visiting nurse, family member or caregiver? _____ If so, please explain. _____

▪ What prompted you to consider Sunland's Sheltered Living program? _____

▪ How soon will you be ready to join us? _____

▪ The *Journal*-listed Practitioner in case of need is: _____

Home Phone _____ Office Phone _____

Address _____

City _____ State _____ Zip _____ or Country _____

References

Please give the following information regarding three Christian Scientists, who are not related to you or each other, who can verify your dedication to Christian Science. If possible, one of whom should be a current fellow church member.

▪ Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Occupation _____

▪ Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Occupation _____

Advance Health Care Directive (AHCD) or Durable Power of Attorney for Health Care

▪ **Do you have an AHCD or Durable Power of Attorney for Health Care?** Yes No

If yes, please provide the contact information for your designated agent for health care below and provide a copy of the AHCD or Durable Power of Attorney for Health Care.

Name _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

If you do not have an AHCD or Durable Power of Attorney for Health Care or other directive a packet of information will be provided by Sunland, or you may request further information from an attorney.

Financial Information

▪ **Invoices for services are to be submitted to (state name)** _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Other _____

▪ **Do you have PRIVATE HEALTH INSURANCE?** If yes, name of insurance provider _____

Policy Number _____ Does it cover Christian Science nursing at a facility? _____

Sunland Home will provide you with detailed invoices for service on a monthly basis. Patients who expect that their insurance policies will cover the services rendered are still required to pay Sunland Home within 30 days of the date of invoice. Please contact the business office if you have questions.

Please provide a copy of your insurance plan and policy within 24 hours.

▪ **Do you have MEDICARE?** _____

▪ **Are you insured through an HMO or PPO?** _____

An HMO/PPO does not preclude a patient from receiving Christian Science nursing care, however the patient needs to be alerted that HMOs/PPOs have certain requirements before they will make payment to a Religious Nonmedical Healthcare Institution such as Sunland. If a patient's care needs meet the criteria for Medicare coverage, the HMO/PPO requires the patient to obtain "prior authorization" before receiving Christian Science nursing care at Sunland. Without pre-authorization payment may be denied by the HMO/PPO.

General Power of Attorney

▪ **Do you have a General Power of Attorney?** Yes No

▪ **If so, please provide the contact information for your agent below.**

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Other _____

If indicating yes, please provide a copy of the Power of Attorney.

Applicant's signature _____ **Date** _____

Signature of person filling out application _____ **Date** _____

Name of person filling out application _____

Relationship to applicant _____

CONDITIONS OF ADMISSION TO THE FACILITY

ADMISSION/STAY AT THE FACILITY: Admission to Sunland Home and continued stay are made only with the approval of the Admission Committee. Patients are admitted for periods necessary for healing, and on a day-to-day basis. Each patient is expected to be actively studying Christian Science to the best of his/her ability, with expectancy of healing. In accord with the practice of Christian Science, no medical examination, diagnosis, treatment, or other medical services are offered in any of Sunland's Christian Science nursing care. Sunland is not able to accept the following types of care needs: mental cases, infectious or contagious diseases, obstetrical cases, minors unaccompanied by a parent, those under a physician's care following surgery, cases requiring repair or maintenance of surgical implants, or persons using tobacco, alcohol, drugs, or any material remedies.

CHRISTIAN SCIENCE PRACTITIONERS: All patients receiving Christian Science nursing care at Sunland must be under the treatment of a *Journal*-listed Christian Science practitioner and be in contact with the practitioner regularly. Sunland reserves the right to call another *Journal*-listed Christian Science practitioner in the event of a sudden need, if the patient's practitioner cannot be reached.

PERSONAL PROPERTY: Patients may not bring furniture, radios, or a television without first obtaining permission from the Director of Christian Science Nursing or the Executive Director. Valuable jewelry and large amounts of cash should not be brought to the facility. Items for safekeeping must be placed in the safe in the Christian Science nurse supervisor's office. Sunland is not responsible for the loss or damage of any cash or personal items such as jewelry, clothing, hearing aids, dentures, glasses, which a patient elects to keep in his or her room.

ROOM ASSIGNMENTS: Sunland reserves the right to change a patient's room assignment to best meet the needs of the patient and the facility.

DISCHARGE WITH SPECIAL CIRCUMSTANCES: If a patient is resistant to proper Christian Science nursing care, we may require that the patient be moved from the facility. Whenever possible, advance notice will be given. In such event, the patient, their agent if any, and Sunland will work together for a proper discharge.

FINANCIAL INFORMATION: Invoices are payable upon presentation. All invoices are payable within 30 days of the date of invoice unless other arrangements are made with Sunland's Executive Director. Requests for financial assistance should be made as soon as practical after admission to Sunland.

INSURANCE: Sunland Home does not assume financial responsibility for filing or payment of private insurance claims. Sunland does file Medicare claims. Patients agree that they will make timely payments from their own funds pending reimbursement from insurance companies. If applicable, I authorize Sunland to release information regarding my Christian Science nursing care and billing records to insurance carriers and Medicare as required for processing of my claim(s).

RELEASE, WAIVER, AND INDEMNITY AGREEMENT

It is my desire to rely exclusively on Christian Science care and treatment for any health problem I may have or may develop while receiving care at Sunland. I do not wish to have or expect to receive any medical examination and diagnosis, or care and treatment of a medical nature while at this facility. I understand and acknowledge that the sole purpose of my admission is to receive Christian Science nursing care while also receiving Christian Science treatment from a *Journal*-listed Practitioner of my choice, and I further acknowledge that Sunland is not a medical hospital or any other type of medical facility; and that it is not serviced by, nor will there be available, any medical doctors or nurses.

In consideration of my admission upon these terms, I hereby release and discharge said Sunland Home Foundation, Inc., its agents, officers, directors, and employees, of any and all responsibility and liability in connection with, relation to, or arising out of their failure to furnish medical care or treatment; and I agree to indemnify and hold forever harmless Sunland Home Foundation, Inc., its agents, officers, directors, and employees and their successors or assigns, heirs, executors, and administrators against loss from any and all further claims, damages, injuries, costs and expenses of any kind to which I or they may be entitled under the laws of this or any other state.

I acknowledge that I have read, understand, and agree with the Agreement of Understanding, Conditions of Admission to the Facility, and the Release, Waiver, and Indemnity Agreement:

Signature of Patient/ Authorized Agent

Date

(Signatures of both parents if patient is under 18 years of age):

Mother _____

Date _____

Father _____

Date _____

AGREEMENT OF UNDERSTANDING¹

The **MISSION** of Sunland Home Foundation is to provide proper care in an atmosphere where those relying on Christian Science for healing can lift their thought above the illusion of life in matter into the understanding of man's oneness with our Father-Mother God.

These services shall be consistent with **ARTICLE VIII, Section 31**, of the manual of The Mother Church, The First Church, of Christ, Scientist, in Boston, Massachusetts by Mary Baker Eddy.

The Christian Science nursing care provided by Sunland is consistent with the practice of Christian Science, and therefore do not include any medically oriented techniques or equipment.

Christian Science nursing care provided by Sunland includes:

- * Accepting a case with the expectancy of complete and immediate healing;
- * Giving care that is consistent with the theology and ethics of Christian Science;
- * Loving reassurance of God's tender care, ever-presence, and omnipotence; faithfully and consistently acknowledging man's spiritual perfection;
- * Christian encouragement of an individual's expression of normal activity and natural vitality;
- * Reading to or with an individual from the *Bible, Science and Health with Key to the Scriptures* and other writings by Mary Baker Eddy; also, additional literature published by The Christian Science Publishing Society;
- * Communication: Maintaining an ethical, moral, and loving manner in all communications with the patient, family, friends, Christian Science practitioner, and others; observing ethical and legal requirements with regard to private information about the patient;
- * Surroundings: Maintaining an atmosphere that is conducive to spiritual healing and supportive of harmonious care;
- * Personal care and bathing: Assisting with all necessary care to meet the needs of cleanliness and comfort;
- * Mobility: Assisting with mobility including assisting with standing, walking, moving, and settling with or without mobility aids or comfort items;
- * Nourishment: Preparing and modifying food; assisting with feeding; giving appropriate encouragement to eat;
- * Cleansing/bandaging: cleansing, covering and bandaging, to provide for cleanliness, protection, and comfort;
- * Instructing the patient or others in providing care for meeting individual needs;
- * Being obedient to the laws of the land.

Christian Science nursing does NOT include:

- * Making a medical diagnosis or prognosis;
- * Assuming responsibility for making health care decisions for the patient;
- * Administering medication, drugs, or using medicated, herbal, or vitamin-based products and remedies;
- * Using and administering medically oriented techniques or technology;
- * Manipulation, massages, physical therapy;
- * Intravenous or force-feeding;
- * Assuming responsibility for a patient's financial or household business transactions;
- * Intruding on the private relationship between the patient and the Christian Science practitioner, or between the patient and his or her family;
- * Giving personal advice and counsel;

¹ Christian Science Scope of Practice—Prepared by Christian Science Nursing Activities
The First Church of Christ, Scientist, April 2011