



ADMISSION FORM

Date _____

Personal Information

▪ **Name of patient as it appears on Medicare Card** _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Other _____

Birth date _____ Place of birth _____ SSN _____

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

▪ **Person to be contacted** _____ Relationship _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Other designated contacts Sunland is permitted to share your care information with:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Care Information

Because individuals come to Sunland Home for healing, it is our policy that each patient have a *Journal*-listed Christian Science practitioner for prayerful support every day. Please list your practitioner:

▪ Name _____ Phone _____

City/State or Country _____ Email _____

▪ **Are you free from reliance on material remedies, including the use of alcoholic beverages, tobacco, vitamins, supplements, or medications?** _____ **If not please discuss with Christian Science nurse.*

▪ **Have you recently been under a doctor's care, or a patient in a nursing facility, or hospital?**

_____ If so, please explain _____

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 _____

Sunland requires each patient to have a directive. If you do not have an AHCD or Durable Power of Attorney for Health Care or other directive you will need to fill out a Surrogate Health Care form. This form is only valid for 60 days. Sunland can provide you a packet of information regarding directives or you may request further information from an attorney.

Information about AHCD, Durable Power of Attorney for Health Care and similar directives:

FEDERAL AND STATE LAW ASSURES ADULT PATIENTS IN NURSING HOMES OR OTHER HEALTH CARE SETTINGS OF CERTAIN RIGHTS. Among these is the right to know and stipulate to what kind of health care treatment you will receive. An AHCD is a set of written instructions whereby you specify what actions should be taken for your health if you are no longer able to make such decisions due to illness or incapacity. The AHCD also appoints an agent to make decisions on your behalf in accordance with your wishes in the event you are unable to do so. A Durable Power of Attorney for Health Care appoints a person to make health care decisions on your behalf. There are also other directives or legal documents such as a Living Will which accomplish the same result. It is advisable to seek the advice of legal counsel before executing such a document.

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.

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?** _____

▪ **If so, have you obtained authorization?** _____

An HMO/PPO does not preclude a patient from coming to Sunland, 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 the patient’s care needs meet the criteria for Medicare coverage, the HMO/PPO requires the patient to obtain “prior authorization” to come to Sunland. Without pre-authorization payment may be denied by the HMO/PPO.

▪ **Do you need financial assistance now?** _____

We request that you make an appointment with administration within 48 hours of admission date to review, discuss, and clarify information with regard to insurance coverage and patient financial obligation.

PLEASE NOTE: Sunland does not accept Medi-Cal payments.

I request admittance to Sunland Home.

Signature of patient _____ Date _____

Signature of person filling out application _____ Date _____

Person filling out application _____ Relationship to patient _____

AGREEMENT OF UNDERSTANDING¹

The MISSION of Sunland Home Foundation is to provide our community with a haven for healing while providing the highest standard of Christian Science nursing care supported by the practice and demonstration of Christian Science.

All Christian Science nursing care provided 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.

Christian Science nursing care provided by Sunland includes:

- * Accepting a case with the expectancy of complete and quick 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 each individual's spiritual perfection;
- * Christian encouragement of a patient's appropriate expression of activity and 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, and 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, support, 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 healthcare 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; including, but not limited to, administering food or liquids with medical equipment, e.g. — intravenous feeding;
- * Manipulation, massage, physical therapy
- * 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, November 2018

CONDITIONS OF ADMISSION TO THE FACILITY

ADMISSION/STAY AT THE FACILITY: Admission to Sunland Home is 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 supervisors' 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's needs are such that our facility is unable to give proper Christian Science nursing care or if the facility determines that Christian Science nursing care is no longer needed, we require that the patient be moved from the facility. If a patient is not complying with Sunland policies, Sunland maintains the right to discharge the patient. Whenever possible, advance notice will be given. Sunland will assist as possible, but final responsibility for such arrangements rests with the patient or responsible party.

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. With Medicare Advantage/HMOs/PPOs the patient or responsible party is responsible for filing and managing the 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 Sunland Home Foundation, Inc., its agents, officers, directors, trustees, 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, trustees, 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 hereby sign, in understanding and agreement, with the above 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):

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Admitting Christian Science Nurse's initials _____

Director of Christian Science Nursing initials _____