



Pre-Admission Application

Please return to:

Noble Horizons 17 Cobble Road Salisbury, CT 06068
860-435-9851 Fax: 860-435-2323 www.noblehorizons.org

Short-term Rehab Long-term Placement

Name _____ (Maiden) _____

Mailing Address _____ Zip _____

Email _____ Phone _____ Cell _____

DOB _____ Social Security # _____ Sex M F

Do you manage your own financial matters? Yes No Responsible Party _____

Power of Attorney _____ Healthcare Agent _____

Contact person #1 _____ Relationship _____

Mailing Address _____

Phone(h) _____ (w) _____ cell _____

Email _____

Contact person #2 _____ Relationship _____

Mailing Address _____

Phone(h) _____ (w) _____ cell _____

Email _____

Have you had a hospital stay in the past 90 days? Yes No

If yes, where and dates of admission and discharge _____

Who is your local physician? _____ Funeral Home (required) _____

Have you been in a skilled nursing facility in the past 90 days? Yes No

If yes, where and dates of admission and discharge _____

Have you received any occupational, physical or speech therapy since January? Yes No

If so, where and dates of admission and discharge _____

Financial information is required and confidential.

Approximate monthly income

Social Security \$ _____ VA benefits \$ _____ Pension \$ _____ Other \$ _____

Bank accounts Type _____ Approximate amount \$ _____

Type _____ Approximate amount \$ _____

Property Type _____ Value \$ _____

Has there been any disposition or transfer of assets within the last 60 months? Yes No

Have you set up a trust in the last 60 months? Yes No

Have you applied for CT Medicaid? Yes No Date _____ Client ID# _____

For more detailed financial information please contact _____ Relationship _____

If you are applying for short-term rehab, please describe your plan after you leave rehab _____

I certify the above to be true to the best of my knowledge.

Applicant/family signature _____ Date _____ Relationship _____

All information provided is confidential. You and your contacts will receive publications and annual appeals from Noble Horizons unless you direct us otherwise.

Any questions, please contact:

Linda Castaldi, Director of Admissions, at 860-435-9851 ext.160, fax: 860-435-2323

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