



405 First Avenue  
 Brookings, SD 57006  
 (605) 692-5351  
 Fax (605) 692-3556

www.unitedalive.com

Application for Services  
 United Living Community  
 405 First Avenue  
 Brookings, SD 57006  
 Phone: (605) 692-5351  
 Fax (605) 692-5982 E-mail  
[info@unitedliving.com](mailto:info@unitedliving.com)  
 SMOKE-FREE ENVIRONMENT

Office Use Only	
Admit Date:	
Resident #:	
Medical Record #:	
Room#:	
Private:	
Semi-Private:	
Cable TV:	Y N
Finance Class	
PR	
MC	
MA	
RS	
AS	

- Level(s) of Service Needed: \_\_\_\_\_
- \_\_\_\_\_ 1. United Living Community Skilled Nursing
  - \_\_\_\_\_ 2. Adult Day Care
  - \_\_\_\_\_ 3. Respite Care (limited to 30 days per stay)
  - \_\_\_\_\_ 4. Park Place Assisted Living
  - \_\_\_\_\_ 5. Park Place Apartments

1. Name of Applicant(s)				Date	
_____	_____			_____	
_____	_____			_____	
2. Address				Phone	
_____	_____			_____	
_____	_____			_____	
3. Age	Birthdate	Marital Status (Circle One)		Sex (Circle One)	
_____	_____	S M W D		M F	
_____	_____	S M W D		M F	

4. Provide Identification Cards (copies will be made of):

Social Security Number \_\_\_\_\_

Are you a veteran?  Yes  No

Medicare Number \_\_\_\_\_

Retired from RR?  Yes  No

Medicaid Number \_\_\_\_\_

Copies of Insurance Coverage (health - dental - life -hospital - long-term care) Name(s) \_\_\_\_\_  
 Policy Number(s) \_\_\_\_\_

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

5. In Case of Emergency Notify:

Name	Address	Relationship	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Attending Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_



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7. Funeral Home \_\_\_\_\_ Phone \_\_\_\_\_

8. Church Preference \_\_\_\_\_ Clergy \_\_\_\_\_ Phone \_\_\_\_\_

9. Contact when an opening occurs:

10. Legal Documents (copies will be made by our staff at no charge):

Durable Power of Attorney?	Medical	Financial	Both
Guardianship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Living Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Person Responsible for Finances:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Email address (*one that is checked regularly, for newsletter and announcements*)

For **Park Place Apartments** Only:

Reservation Deposit (may be applied to the resident's fee)

Amount \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_ By \_\_\_\_\_

Apartment Floor Plan Requested:

- A. Two Bedroom (840 sq ft)
- B. Two Bedroom (740 sq ft)
- C. One Bedroom (484 sq ft)
- D. One Bedroom (484 sq ft handicapped)

Deposit Paid \_\_\_\_\_

To Be Completed By Staff:

Admission Date \_\_\_\_\_ Time \_\_\_\_\_ Apt # \_\_\_\_\_

Service Level Required \_\_\_\_\_

**Additional Information**

The applicant is required to have a medical examination and physician orders must be received prior to admission for all services provided. The attending physician is asked to complete and send information directly to the United Living Community. The examination shall be paid for by the applicant or his agent. All clothing and personal property brought on admission or at a later date must be properly marked with name and should be of washable material.

Residents having uncontrolled, violent behavior cannot be served or must be transferred to an appropriate facility that can meet their needs. The attending physicians and Administrator shall have the authority to make arrangements as deemed necessary and proper.

Permission is needed by the ULC Social Worker, Administrator or Director of Nursing, before room furnishings are brought to the United Living Community. ULC assumes no responsibility for residents' valuables, clothing or furnishings.

Discharge Date: \_\_\_\_\_ Discharged to: \_\_\_\_\_