



Admission Application

916 Silva Ave Santa Rosa, CA 95404 (707) 542-2562
A non-profit Christian Science nursing facility

Redwood Community's mission is to offer Christian Science nursing services for anyone who relies wholly on Christian Science for healing. Christian Science nurses will give nursing care to aid those in need and to help maintain an atmosphere supportive of each person's reliance on God for health and spiritual growth. Redwood Community will offer available assistance to encourage and help people wherever they are, knowing that in God "we live, and move, and have our being."

Applicant Information

Name _____ Phone _____

Address: _____

Date of birth _____ Place of birth _____

Social Security Number _____ Single Married Divorced Widowed

Why do you want to come to Redwood Community? _____

Are you currently receiving nursing care? If yes, who is giving the care? _____

Family members or representatives who could act in your behalf if necessary

Name _____ Phone _____

Address: _____

email _____ Christian Scientist YES NO

Relationship _____ POA Health Care POA Financial

Name _____ Phone _____

Address: _____

email _____ Christian Scientist YES NO

Relationship _____ POA Health Care POA Financial

Name _____ Phone _____

Address: _____

email _____ Christian Scientist YES NO

Relationship _____ POA Health Care POA Financial

If you do not have a signed Durable Power of Attorney (POA) for Health Care document, please obtain one. We can provide you with the forms and more information if needed.

Christian Science Practitioner

Name _____ Phone _____

Address: _____

email _____

How long have you been a student of Christian Science and relied on it for healing? _____

Are you a member of The Mother Church? YES NO Year of Admission _____

Member of a branch church or society? YES NO Name/Location _____

Have you ever had Christian Science class instruction YES NO

Been a Christian Science Journal listed practitioner? YES NO Dates: _____

Been a Journal listed Christian Science nurse? YES NO Dates: _____

Billing

Where shall we will send billing statements? (if not to applicant): _____

Name

Address: _____

Phone: _____ email: _____

Does this person have Power of Attorney for your finances? YES NO

Do you any form of health care insurance? YES NO If yes, what? _____

Could this stay be covered under an auto policy, worker's comp. or other liability policy? YES NO Unsure

Do you have sufficient funds to pay for your stay at Redwood Community? YES NO Unsure

If no, financial assistance may be available to you. Please let us know as soon as possible if you will seek financial aid or benevolence.

Applicant's Acknowledgment of Christian Science Nursing Care

Your signature below indicates that you understand and accept the following affirmations which are required for admission:

- I am a student of Christian Science, and I rely wholly and exclusively on it for spiritual understanding, for healing and for meeting my daily needs.
- I will have treatment from a Christian Science practitioner while I am a guest at Redwood Community
- I understand that no medications, drugs, material remedies, liquor or tobacco may be used at Redwood Community and that no medical or physical diagnosis, therapy or attention is provided or available while I am a guest there.
- I have read the Rate Sheet and will provide prompt payment of bills.
- I agree that if Redwood Community cannot provide proper nursing care, I will comply promptly with a request to move to another location.
- At the end of my stay at Redwood Community, my representative, next of kin or guardian will help to find suitable quarters and nursing care for me if necessary.

Signature of Applicant

Date