The Abbie Hunt Bryce Home
2018 National Award Winner
Boston University's Institute for Health System Innovation & Policy

Abbie Hunt Bryce Home Resident Application

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317.218.7554 • 4701 N. Keystone Ave. #400, Indianapolis, IN 46205 • morninglightinc.org

Morning Light, Inc. fosters nonprofit community services and programs in central Indiana for the terminally ill, seniors, and families of limited means in need of health, wellness or end of life care.

Date:________________ **Referral Source:** _________________ **Est. Admission Date:**______________

Full Legal Name:____

Gender: Male / Female / NB / Prefer not to disclose **DOB:** ______________________________

Are you of Hispanic / Latino / Spanish origin: Yes / No

How would you best describe yourself? Circle all that apply:
American Indian or Alaska Native / Asian / Black or African American
Native Hawaiian or Pacific Islander / White / Prefer not to disclose

Preferred Language(s): _____________________ **Religious Tradition**: _____________________

Address (Home):____

City:___________________ **State:** _____________________ **Zip Code:**____________________

Telephone: ____

Is point of contact different than patient: Yes / No **If yes:**

Name:_____________________________________ **Relationship:**____________________

Phone Number:____________________

Emergency Contact:

Name:_____________________________________ **Relationship:**____________________

Phone Number:____________________

Financial Resources:

Pension: $_____________/Month **SSI:** $_______________/Month

Soc. Security: $_____________/Month **Disability:** $____________/Month

Property Value: $____________________ **Savings:** $_____________ **Other Assets:** $________________

Total Monthly Income: $_________________ **Total Assets:** $_________________________

Hospice Diagnosis: ____

Prognosis: Days / Weeks / Months / ____

____

Pertinent Medical History (Medical, Psychiatric): ____

____

Isolation Needs or Infectious Diseases?
(Circle all that apply): MRSA / VRE / CDiff / MDR EColi / HepB / HepC / HIV / TB
If yes, describe:____

____

Alcohol or Other Substance Misuse? Yes / No

If yes, Please explain:____

____

Medications (If not attached):

Medication	Route of Administration

Describe all allergies (food, medication, etc): ____

____

____

Treatments (to be received by hospice agency) :

____

____

Oxygen needs? ____________________ Wound Care/Dressing Changes?__________________

Physical Functional Level:
Circle each functionality in the appropriate column:

Independent	Assistance Needed	Fully Dependent
Bathing/Showering	Bathing/Showering	Bathing/Showering
Toileting	Toileting	Toileting
Dressing	Dressing	Dressing
Feeding	Feeding	Feeding
Personal Hygiene	Personal Hygiene	Personal Hygiene
Ambulation	Ambulation	Ambulation

Additional functionalities, such as decreased vision or hearing: _________________________________

____

Does the patient have a mental health diagnosis? Yes / No / If yes, please explain:

____

____

Please include/Attach:

TB Test/Chest X-Ray: Written documentation of negative test, within thirty days of anticipated admission date, is required. Please attach.

COVID Test: Two negative covid tests within 72 hours of anticipated admission date, or current vaccine card, with booster, is required. Please provide upon request.

Chosen Hospice Agency:____

Point of Contact: ______________________________ **Telephone:** ___________________________

Hospice Social Worker:__________________________ **Telephone:** ___________________________

Doctor: ___________________________________ **Telephone:** ___________________________

Additional Information:

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The Abbie Hunt Bryce Home serves as a hand to hold and a place to stay, in partnership with the listed hospice or nursing agency. The role of our staff is to provide daily patient care, following the established, provided care plan. The Hospice/Nursing Agency will maintain all record and ownership of: physician statements, care plans, funeral arrangements, and emergency/familial points of contact.

Due to the unique nature of our home, in the event of an emergency or the passing of the patient, only the overseeing Hospice/Nursing Agency will be notified by the Abbie Hunt Bryce Home staff. It is the responsibility of the overseeing care team to coordinate family, doctor, and funeral home contact.