



SARAH HARDING

Phone 563 / 243-1341
308 South Bluff Blvd.
Clinton, Iowa 52732

INCORPORATED 1951

APPLICATION FOR ADMISSION

(To be fully executed)

GUEST ROOM

APARTMENT

Date _____

To the Board of Trustees of Sarah Harding:

I hereby make application for admission into Sarah Harding. The answers to the following questions are true to the best of my knowledge and belief: (If this Application is for a husband and wife, please complete information concerning your Spouse.)

Applicant's Name _____ Spouse's Name _____ Phone _____

Applicant's Social Security No. _____ Spouse's Social Security No. _____

Address _____ City _____ State _____

Applicant's Date of Birth _____ Spouse's Date of Birth _____

Applicant's Place of Birth _____ Spouse's Place of Birth _____

Have you ever been married? _____ If Spouse deceased, give date of death _____

If you are or have been a member of any Church, give name, denomination and location of said church _____

In case of necessity – Hospital preference is: _____

Funeral Home preference is: _____

Give names of not more than six relatives. You should include, if you have such, children, grandchildren, brothers, sisters, nephews, nieces and the like. These may be notified in case of death or emergency.

Name	Address	Phone	Relationship

Fill in the following information concerning three persons (not related to you by blood or marriage) who are personally acquainted with you.

Name	Address	Business	Number of Years Known

Are you receiving any kind of pension or old age assistance? _____. If so, state from whom and in what amount.

Do you have any other income? _____. If so, state the source.

Do you have any form of life or health insurance? _____. If so state nature and company.

Do you own any real or personal property? _____. If so, briefly describe it and give approximate value.

Do you have any money in banks or other places of security? _____. If so, give names and addresses of such places or institutions.

Report of the Physician certifying your physical condition: Date _____

I certify that the Applicant is in such physical condition as to possible residence in Sarah Harding. Special conditions of health which should be observed are noted as follows _____

Doctor _____
(Signature)

Address _____

Recommendation of a Pastor: Date _____

I certify that I know the Applicant to be a person of good moral character and habits. I recommend that the Applicant be admitted into Sarah Harding.

Pastor _____
(Signature)

Church and Address _____

APPLICANT – DO NOT WRITE BELOW

REPORT OF THE COMMITTEE ON ADMISSION: Date _____

The Application of the above person or persons has been _____ subject to the following condition:

Chairman

NOTICE TO APPLICANT: Please read the following information, and sign the application.

I. OBJECT AND OBLIGATIONS OF SARAH HARDING

- A. **OBJECT.** The OBJECT of SARAH HARDING as set forth by its Charter, shall be to provide for aged persons whose circumstances may require a comfortable residence with board and such other personal attentions and comforts as Christian brotherhood may dictate.
- B. **OBLIGATION OF SARAH HARDING.** Sarah Harding, through the action of its Executive Committee or the Board of Trustees, in admitting any applicant to Sarah Harding, is faithfully bound to give every possible care to such guest of Sarah Harding while that person continues to fulfill and obey the Rules set forth on this page and such other rules of conduct as may be established by the Board of Trustees or the Administrator. Sarah Harding will endeavor to care for the needs of its guests both temporal and spiritual.

II RULES FOR ADMISSION TO THE HOME.

- A. **APPLICATION.** All applications for admission to Sarah Harding and its benefits shall be received by the Administrator and be referred by him with his recommendation to the Admissions Committee. Application blanks may be obtained from the Secretary or Administrator.
- B. **ADMISSION REQUIREMENTS.** An Applicant to be eligible for admission to Sarah Harding and its benefits must:
 - 1. Present satisfactory proof of his need for Sarah Harding and its benefits.
 - 2. Pay an admission fee, and provide for regular monthly payments in the amount determined by the Board of Trustees and in a manner acceptable to them. (The Applicant is not required to surrender any of his property to Sarah Harding, but shall give assurance which proves his ability to pay the agreed monthly payments.)
 - 3. The Applicant shall present a certification by a practicing physician setting forth his physical and mental condition as provided above.
 - 4. Each Applicant shall present a written affidavit by a Pastor testifying that he is of good morals and reputation.
 - 5. These Rules of Admission to Sarah Harding shall at all times be subject to change by action of the Board of Trustees.

III. OBLIGATIONS AND PRIVILEGES OF ITS GUESTS

- A. **THE TRIAL PERIOD.** It is agreed by both parties concerned that there by a probationary period of adjustment of thirty days. After expiration of such period, the rules and provisions as set forth in this statement become binding on both parties. No refund of the Admission Fee will be made after the applicant has been a resident for thirty (30) days.
- B. **ILL HEALTH.** It shall be the right of Sarah Harding to return to relatives or friends or to remove to some other place any Guest of Sarah Harding who shall after admission to Sarah Harding, become so diseased in body or mind as to seriously interfere with the comfort, peace, or health of Sarah Harding family.
- C. **MEDICAL CARE.** Any guest of Sarah Harding-family who requires the attention of a physician, surgeon, oculist or dentist may select such professional person provided the practitioner is duly accredited by the recognized accredited agency of his particular profession.
- D. **CONDUCT.** Any Guest of Sarah Harding shall be subject to immediate expulsion if he uses intoxicating liquor, drugs, or narcotics, or who uses profane, vile or obscene language or who creates a nuisance by his conduct or demands.
 - 1. No Guest of Sarah Harding shall absent himself from Sarah Harding without reporting to a Floor Aide or the Administrator so that his whereabouts may always be known.

Have you read, or has someone read to you, "The Object, Obligations, Rules and Privileges of Sarah Harding" as printed above? If so, do you willingly agree to abide by them? Answer

Signature of Applicant _____

Signature of Spouse _____

Witness

Witness

SARAH HARDING

308 SOUTH BLUFF BOULEVARD
CLINTON, IOWA 52732

RESIDENCE AGREEMENT

This Agreement, made and entered into by and between SARAH HARDING, of Clinton, Iowa, hereinafter referred to as "Sarah Harding", and the undersigned resident, hereinafter referred to as the "Resident". WITNESSETH:

WHEREAS, the undersigned Resident has made application for admission to Sarah Harding and said admission has been approved and the parties now desire to enter into an agreement regarding the same.

NOW, THEREFORE, IT IS HEREBY MUTUALLY AGREED, as follows:

(1) TENURE. The Resident may enter Sarah Harding at this time and may continue to reside in Sarah Harding until his or her tenure is terminated, as herein provided.

(2) SERVICES AND CHARGES. The Resident shall pay the usual charges and fees required at the time of admission and during their stay in Sarah Harding. The Resident shall receive such services as are provided by Sarah Harding.

(3) DUTIES. Sarah Harding shall provide such loving tender care as Christian brotherhood may dictate.

The Resident agrees to comply with all of the rules and regulation of Sarah Harding now in force, copies of which have been provided to the Resident, and such other rules as shall from time to time be prescribed.

It is understood that Sarah Harding shall provide only such services as it is permitted to provide under the laws of the State of Iowa and for which it is duly licensed.

(4) TERMINATION. The Resident may terminate his or her tenure at anytime he or she wishes, giving a thirty (30) day notice in writing.

Sarah Harding may terminate the tenure of any Resident at any time without notice if, in the opinion of the Administrator of Sarah Harding, and/or the Board of Trustees, the Resident has violated any of the rules and regulations of Sarah Harding, or requires care which Sarah Harding is not licensed to provide.

(5) ABANDONMENT OF PROPERTY. Any property brought upon the premises by a Resident and not removed by the Resident or his or her legal representative at the time of the termination of his or her tenure shall be considered to have been abandoned and the same shall be considered the property of Sarah Harding.

IN WITNESS WHEREOF, the parties hereto have affixed their signatures this _____ day of

_____, 20 ____.

By _____
Sarah Harding Representative

Resident

Witness

Witness