



Confidential Application for Admission

Tenacre's Mission

To cherish and demonstrate the truths of Christian Science and to apply these truths to every aspect of living and working together.

The purpose of this application is to share an overview of the services offered by Christian Science nurses at Tenacre, as well as to obtain pertinent information from those requesting admission to Tenacre. In addition, when an individual is admitted to Tenacre this serves as an agreement of service.

Christian Science Nursing at Tenacre

Christian Science nursing at Tenacre is in accordance with the standard for the Christian Science nurse as outlined in the Church Manual, Article VIII, Section 31, by Mary Baker Eddy.

A member of The Mother Church who represents himself or herself as a Christian Science nurse shall be one who has a demonstrable knowledge of Christian Science practice, who thoroughly understands the practical wisdom necessary in a sick room, and who can take proper care of the sick.

Mrs. Eddy also gives an indication of the qualities a nurse should and should not express on page 395 of *Science and Health*. She writes, "An ill-tempered, complaining or deceitful person should not be a nurse. The nurse should be cheerful, orderly, punctual, patient, full of faith, -- receptive to Truth and Love."

Every Christian Science nurse at Tenacre strives to meet these standards in his or her daily Christian Science nursing practice and is committed to offering a spiritual haven where the focus is spiritual growth and progress, gratitude, renewal, regeneration, and healing.

The role of the Christian Science nurse includes cherishing, nurturing, supporting, and encouraging. It is practiced from a prayerful, purely spiritual basis. The role of the Christian Science nurse does not include diagnosing, giving advice, or making decisions for guests at Tenacre - nor does the role include any medical procedures or medications.

APPLICANT INFORMATION

Applicant (Mr., Mrs., Miss) _____

Street _____

City _____ State _____ Zip Code _____ Phone (____) _____

Date of Birth _____ Social Security Number _____

Please include a color copy of one of the following photo IDs:
Valid or expired passport, valid or expired driver’s license, or a photo ID card obtained from a motor vehicle department.

Are you a member of The Mother Church? _____ A branch church? _____

Have you had Christian Science class instruction? _____

Are you currently under medical care or using medications? _____

If so, please explain: _____

Consideration is given to the individual situation of each applicant. Admission is offered depending on the availability of accommodations and Christian Science nursing staff, and the following expectations:

That you have a desire, to the degree that you are able to:

- Rely radically on God for healing as taught in Christian Science
- Commune with God, with the purpose of spiritual growth and regeneration, for “growth in grace, expressed in patience, meekness, love and good deeds” (*Science and Health* p4)
- Work in harmonious partnership with Christian Science nurses and other members of the Tenacre community

Note: There are times when an individual is unable to make decisions or to communicate clearly. In these situations, we work with the Health Care Proxy (the legally-responsible person) to determine the previous pattern of commitment to rely solely on God for healing, and to determine the current receptivity to Christian Science nursing care.

Please tell us how you are actively fulfilling these expectations:

In what way do you feel the Christian Science nurses at Tenacre may assist you at this time?

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How do you feel you will make a contribution to the healing ministry of Tenacre, should it work out for you to be here?

Please share with us a healing you have experienced through the study and application of the teachings of Christian Science:

CHRISTIAN SCIENCE PRACTITIONER

It is our expectation that you will be praying for yourself on a daily basis and will be engaging a Christian Science practitioner to work for you as needed throughout your stay at Tenacre.

Please identify a primary practitioner (to be called first) and a secondary practitioner (to be called if the primary practitioner is not available).

Primary Practitioner:

Name _____ City/State _____

Phone (Office) (____) _____ (Home) (____) _____

Secondary Practitioner:

Name _____ City/State _____

Phone (Office) (____) _____ (Home) (____) _____

If unable to reach either of these practitioners, Tenacre will call a *Journal*-listed practitioner on your behalf, and you will be billed for this help by the practitioner. Please note: Tenacre does not require a *local* practitioner.

LEGAL DOCUMENTS

Every effort is made to encourage guests and residents to take responsibility for their own care decisions. Prior to admission, Tenacre asks that you have these legal documents properly executed, to ensure that your decisions regarding your person and property have been stated and can be carried out by those you have specified in the event you are not able to do this for yourself.

a. Health Care Power-of-Attorney or Living Will with named Proxy

Name _____
Address _____
City _____ State _____ Zip _____
Telephone (Office) (_____) _____ (Home) (_____) _____
Email address _____

b. Durable Power-of-Attorney

Name _____
Address _____
City _____ State _____ Zip _____
Telephone (Office) (_____) _____ (Home) (_____) _____
Email address _____

Please submit a copy of these documents with your application. If you have questions about these documents, please contact the person who sent you this application.

Person to be contacted in event of emergency in addition to a Christian Science practitioner (if other than attorney-in-fact named in durable POA above):

Name _____
Address _____
City _____ State _____ Zip _____
Telephone (Office) (_____) _____ (Home) (_____) _____

BILLING ADDRESS

Indicate the name and address of the individual that will be responsible for receiving and paying your bill:

Name _____
Address _____
City _____ State _____ Zip _____
Telephone (Office) (_____) _____ (Home) (_____) _____

FINANCIAL CONSIDERATIONS

If the full cost of Christian Science nursing care constitutes a serious financial hardship, you are invited to apply for assistance through the TENACRE BENEVOLENCE FUND. Please contact Christian Science Nursing Services for an application.

IMPORTANT NOTE: Tenacre does not participate in either the Medicare or Medicaid programs. If you intend to seek reimbursement through your private insurance policy, you should discuss this with your insurance provider prior to admission.

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STATEMENT OF AGREEMENT

Please read carefully the following declaration and sign at the end of this application. The signatures certify that you and your attorney-in-fact understand and accept these conditions and will comply with them throughout the duration of your stay at Tenacre.

- I am an adherent of Christian Science and rely wholly upon God for healing.
- I have read and agree to the criteria for admission as outlined on page 2 of this application.
- I have read and agree to the standard for the Christian Science nurse as outlined on page 1 of this application.
- I have read and agree with what the role of the Christian Science nurse includes and does not include as outlined on page 1 and feel my care can be met within these parameters.
- I understand that I am expected to be praying for myself on a daily basis and that I will be engaging a Christian Science practitioner to work for me as needed throughout my stay.
- In the event that the Christian Science practitioner of my choice cannot be reached in an emergency, I authorize Tenacre to call a *Journal*-listed practitioner to treat me until my regular practitioner is again available.
- I understand that Tenacre is not responsible in any way for my valuables or personal property.
- I agree to comply promptly if at any time Tenacre requests that my stay be terminated or requests that I move to another room.
- I understand that my rate will be determined based on the amount of Christian Science nursing time required to meet my needs. This rate will be adjusted as determined by regular reviews of my care, and the new rate will go into effect from the date of the change in care.
- I understand the daily rates are due and payable upon receipt and will provide for prompt payment of bills, including charges for such additional or special care as I might require.
- I understand that Tenacre's Board of Trustees will review base room rates and Christian Science nursing care rates annually. If it is determined that a rate increase is necessary, guests and residents will be given a 30 day notice before the rate increase will go into effect.

Applicant's Signature _____ Date _____

Signature of Power of Attorney _____ Date _____

Security Addendum

Tenacre is located in a residential setting in Princeton Township, New Jersey, bordered by private homes and several private schools. It is important to be able to verify that an applicant is free from behavior that is aggressive or harmful to others, or any other behaviors that might interfere with the welfare of the surrounding community.

I affirm that I do not have a history of behavior that is aggressive or harmful to others.
_____ (Please Initial)

Please provide the names and telephone numbers of two references who are well-acquainted with you, have knowledge of your behavior in the past, and can describe your demeanor and behavior.

Name

Name

Phone #

Phone #

City, State

City, State

Zip Code

Zip Code

Print

Submit

Reset