

# Fern Lodge — Admissions

18457 Madison Avenue • Castro Valley, CA 94546-1699 • (510) 886-2448 • FAX (510) 886-5992  
 For TDD/TTY services call the California Relay numbers: 877-735-2929 (TTY) or 888-877-5379 (Voice)  
 A non-profit Christian Science nursing facility

## *The purpose of Fern Lodge is to heal.*

Fern Lodge does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. Fern Lodge will provide, free of charge, assistance and auxiliary aids for patients with physical disabilities, limited English proficiency, and sight or hearing difficulties. For further information about our nondiscrimination policies contact: George Strong, Administrator, 510-886-2446, ext 214.

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 Fern Lodge.
- I understand that no medications, drugs, material remedies, liquor or tobacco may be used at Fern Lodge 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 Fern Lodge cannot provide proper nursing care, I will comply promptly with a request to move to another location.
- At the end of my stay at Fern Lodge, my sponsor, next of kin or guardian will help to find suitable quarters and nursing care for me if necessary.

Signature of Applicant				Date
Mr. Mrs. Miss	First	Initial	Last	Home Phone
Street Address				Business Phone
City, ST Zip				Social Security Number
Place of Birth	City	State		Date of Birth

Signature of Sponsor	Relationship	Date
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Where is the applicant now located?

Street Address	Home Phone
City, ST Zip	Business Phone

Christian Science Practitioner

Mr. Mrs. Miss	First	Initial	Last	Home Phone
Street Address				Business Phone
City, ST Zip				Business Hours

Next of Kin or someone who could act in your behalf if necessary.

Mr. Mrs. Miss	First	Initial	Last	Home Phone
Street Address				Business Phone
City, ST Zip				Is this person a Christian Scientist?

Financial responsibility: Please send statements to:

Mr. Mrs. Miss	First	Initial	Last	Home Phone
Street Address				Business Phone
City, ST Zip				Relationship

Do you have sufficient funds to pay for your stay at Fern Lodge? Yes / No

Financial assistance may be available to you. Please let us know as soon as possible if you will seek financial aid or benevolence.

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? Yes / No Name of branch? \_\_\_\_\_

Were you ever listed in the *Christian Science Journal* as a practitioner or nurse? Yes / No

For which years? \_\_\_\_\_

Have you had Christian Science class instruction? Yes / No

Who is now giving needed nursing care? \_\_\_\_\_

What is the nature of the difficulty?

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