



W I D E H O R I Z O N , I N C .
A Christian Science Nursing Facility

8900 West 38th Avenue – Wheat Ridge, CO 80033
Phone 303-424-4445 – Fax 303-422-6373 – www.widehorizon.org

Revised October 2024

The mission of Wide Horizon is to provide Christian Science nursing, facilities, and support for those seeking healing accomplished through complete reliance on Christian Science as taught by Mary Baker Eddy.

ADMISSION AGREEMENT

Admission Date _____

SECTION 1: PERSONAL INFORMATION

Full name (Mr./Mrs./Ms.) _____
First Middle Last

Address _____
Street City State Zip

Phone _____ Email _____

Date of birth _____ Birthplace _____

Social Security no. _____ MEDICARE no. _____

Marital status _____ Spouse (if applicable) _____

Father's name _____

Mother's maiden name _____
(First & Last)

Are you a member of The Mother Church? _____

- Are you a member of a Christian Science branch church? _____
- Have you had Christian Science Primary Class Instruction? _____
- Christian Science teacher's name (optional): _____

- Are you a Veteran of the Armed Forces? _____
 - Is/was your spouse a Veteran of the Armed Forces? _____
 - Are you currently receiving any Veteran's benefits? _____
 - Other pertinent personal information: _____
-

SECTION 2: FAMILY INFORMATION

Family contact or power of attorney _____

	Name	Relationship
--	------	--------------

Address _____

Street	City	State	Zip
--------	------	-------	-----

Phone #1 _____ Phone #2 _____

Email _____

Family contact #2 _____

	Name	Relationship
--	------	--------------

Address _____

Street	City	State	Zip
--------	------	-------	-----

Phone #1 _____ Phone #2 _____

Email _____

NOTE: The primary family contact listed above and/or Health Care Power of Attorney is requested to telephone Wide Horizon regularly to discuss the patient's progress. It is this individual's responsibility to share this information with other interested parties.

Are members of your immediate family supportive of your admission? _____ If not, have you consulted them about your decision? _____

Do you give Wide Horizon permission to send a copy of this admission agreement to your family contact and/or health care power of attorney? _____

SECTION 3: FINANCIAL INFORMATION

Billing information: Name _____ Relationship _____

Address _____
Street City State Zip

Phone #1 _____ Phone #2 _____

Email _____

NOTE: If you expect your stay at Wide Horizon to be covered by private/long term care (LTC) insurance, in whole or in part, please provide us with the company name, copy of policy, claim form, phone number and policy number.

Name of company _____

Policy no. _____ Phone _____

NOTE: Billing is done at the beginning of each month for the previous month. Invoices are payable upon presentation. All invoices are payable within 30 days of the date of the invoice unless other arrangements are made with Wide Horizon's Executive Director. Requests for financial assistance should be made as soon as practical after admission to Wide Horizon.

SECTION 4: CARE INFORMATION

NOTE: Wide Horizon requires you to have an Advanced Health Care Directive (AHCD) or Durable Power of Attorney for Health Care. Please furnish us with a copy or use the form we have provided.

Because individuals come to Wide Horizon for spiritual healing, it is our policy that each patient have a Journal-listed Christian Science practitioner for prayerful support. Please list your practitioner and contact detail.

Journal-Listed Christian Science Practitioner _____

Name

Address _____
Street City State Zip

Phone #1 _____ Phone #2 _____

Email _____

Alternate Journal-Listed CS Practitioner _____

Name

Address _____
Street City State Zip

Phone #1 _____ Phone #2 _____

Email _____

NOTE: Christian Science nursing staff members report to the patient's Christian Science practitioner as needed. Wide Horizon reserves the right to telephone a patient's CS practitioner (or an alternate Journal-listed CS practitioner in the event of a sudden need) to report that in our judgment the patient requires additional or specific support. Guests receiving Christian Science nursing care are required to have daily Christian Science treatment.

Care need or difficulty to be healed _____

1. Are you free from reliance on the use of alcoholic beverages and tobacco, as well as material remedies including vitamins, supplements, or medications? _____
 - a. If you have been using any of the above, how long have you been free from using them? _____

b. If you are not free from any of the above, please discuss with the admitting Christian Science nurse.

2. Have you recently been under a physician's care, or a patient in a Christian Science nursing, medical facility, or hospital in the past year? _____

If yes, please give facility details:

Facility name _____

Address _____
Street City State Zip

Date(s) of stay _____

Facility name #2 _____

Address _____
Street City State Zip

Dates(s) of stay _____

** ** *

SECTION 5: OUR VISION of CHRISTIAN SCIENCE NURSING

Christian Science nursing practice is a ministry devoted to spiritual healing. The Christian Science nurse cherishes, nurtures, comforts and vigorously maintains in thought an expectancy of healing. Dignified personal care is provided while keeping clearly in mind that God most effectively cares for man. Mary Baker Eddy stated that "the [Christian Science] nurse should be cheerful, orderly, punctual, patient, full of faith, -- receptive to Truth and Love." (*Science and Health*, p. 395) Wide Horizon's Christian Science nurses should always be doing their best to embody these qualities.

WHAT WE ANTICIPATE

Article XXX Section 7 of the *Church Manual* reads in part, "I recommend that each member of this Church shall strive to demonstrate by his or her practice that Christian Science heals the sick quickly and wholly, thus proving this Science to be all that we claim for it."

Wide Horizon expects each patient will work wholeheartedly for healing, regeneration, renewal and transformation. Having this goal before thought, all guests will realize that they come to Wide Horizon for intense daily study and prayer, culminating in mental and physical freedom. All guests and residents at Wide Horizon should daily claim and strive for spiritual growth and healing in their individual practice of Christian Science.

SECTION 6: STATEMENT OF UNDERSTANDING

Temporary aid and assistance of a Christian Science nurse means:

- Caring for the individual through spiritual witnessing, nurturing, cherishing and comforting;
- Offering Christian encouragement in support of one's expression of life, vitality and normal activity consistent with his or her needs;
- Reading from The Holy Bible, *Science and Health with Key to the Scriptures*, other writings by Mary Baker Eddy, and authorized Christian Science literature;
- Assisting with personal care necessary to maintain cleanliness;
- Assisting with meals and modifying foods if necessary;
- Help with mobility including assisting with standing, walking, moving, transporting, with or without aids or comfort items;
- Cleansing and bandaging wounds to provide for cleanliness, freshness and cover;
- Instruction in personal care, mobility, nourishment and bandaging.

By signing this admission agreement, the applicant understands that:

1. The mission of Wide Horizon is to provide Christian Science nursing, facilities, and support for those seeking healing accomplished through complete reliance on Christian Science as taught by Mary Baker Eddy.

2. Expecting healing and progress, patients at Wide Horizon should understand that Christian Science nursing care is a temporary means to enable them to experience a more expansive sense of God's tender care and love.
3. Christian Science nursing is a *Church Manual*-based activity and therefore has a role in our Church's healing ministry. The patient, the Christian Science nurse and the Christian Science practitioner have distinct responsibilities consistent with the theology of Christian Science during the patient's stay at Wide Horizon.
4. Christian Science nursing care does not use techniques or products purported to aid a healing process or bring relief from pain, soreness or itching.
5. Christian Science nurses are not trained in the maintenance or adjustment of medically implanted devices, in aligning bones, first-aid techniques, resuscitation, or techniques that relieve choking, and therefore do not provide services regarding these items.
6. No diagnoses, medical exams, physical therapies, psychological counseling, or medicines are administered or given at Wide Horizon.
7. Christian Science nurses do not give personal advice or counsel, nor do they act as intermediaries between the patient, Christian Science practitioner or family. However, the Christian Science nurse will assist in calling the CS practitioner or family if the patient is unable or unwilling to do so.
8. Wide Horizon has specific policies that cover the admission of minors, expectant mothers, those with contagious or infectious diseases, mental disorders or those who experience convulsions. If any of these apply, please discuss them with the one assisting you with this admission agreement.
9. Management may ask a patient to change rooms to better needs of the facility.
- 10. Wide Horizon, Inc. must not be considered a permanent home for any patient or guest. We provide temporary accommodation to meet the needs of the patient. However, management reserves the right to assess the ongoing suitability of providing services to our patients and guests, and may at any time discharge them from the facility.**
- 11. Patients who hit, kick, scratch, or otherwise injure or threaten a Christian Science nurse, staff member, or fellow patient/guest may be immediately discharged from Wide Horizon.**
12. Wide Horizon does not accept responsibility for valuables unless deposited in the facility's safe located on site.

- 13. The guest/patient is responsible to pay all invoices and statements of charges promptly or inquire about a deferred payment program and/or financial assistance upon admission.**
14. If the guest/patient desires to leave Wide Horizon for any reason, and Wide Horizon is assured that the desired facility/home/location will ensure the full safety of the guest/patient, Wide Horizon will help to facilitate the transfer to a facility/home/location of your choice.
- 15. Wide Horizon complies with state and federal regulations concerning contagious diseases and may require certain tests prior to admitting patients or guests and during their stay at the facility. Patients or guests may be asked to leave the facility if they choose not to cooperate.**

SECTION 7: RELEASE, WAIVER & INDEMNITY AGREEMENT SIGNATURE PAGE

It is my desire to rely exclusively on Christian Science care and treatment for any health problem I may have or may develop while receiving care at Wide Horizon. I do not wish to have or expect to receive any medical examination and diagnosis, or care and treatment of a medical nature while at this facility. I understand and acknowledge that the sole purpose of my admission is to receive Christian Science nursing care while also receiving Christian Science treatment from a *Journal*-listed Practitioner of my choice and I further acknowledge that Wide Horizon is not a medical hospital or any other type of medical facility; and that it is not serviced by, nor will there be available, any medical doctors or medical nurses (RNs etc.).

In consideration of my admission upon these terms, I hereby release and discharge Wide Horizon, Inc., its agents, officers, directors, and employees, of any and all responsibility and liability in connection with, relation to, or arising out of their failure to furnish medical care or treatment; and I agree to indemnify and hold forever harmless Wide Horizon, Inc., its agents, officers, directors, and employees and their successors or assigns, heirs, executors, and administrators against loss from any and all further claims, damages, injuries, costs and expenses of any kind to which I or they may be entitled under the laws of this or any other state.

I fully understand that my signature certifies that I am at Wide Horizon for spiritual healing, that I desire to rely exclusively on Christian Science, and that I agree to the terms of Admission Agreement as stated above. And, I hereby sign in understanding of the above Agreement of Understanding, Conditions of Admission to the Facility, and the Release, Waiver, and Indemnity Agreement:

Signature of Patient _____ Date _____

Signature of Authorized Agent _____ Date _____

(Person completing this agreement if applicant is unable to do so)

(Signatures of both parents if patient is under 18 years of age):

Mother _____ Date _____

Father _____ Date _____

I attest that the information provided in this Admission Agreement is accurate and true. I also understand that the patient or guest may be discharged if any of this information is determined to be false.

Signature of Patient _____ Date _____

Signature of Authorized Agent _____ Date _____

(Person completing this agreement if applicant is unable to do so)

"To those leaning on the sustaining infinite, to-day is big with blessings." – Mary Baker Eddy