morning light foundation, inc.

APPLICATION FOR CHRISTIAN SCIENCE NURSING CARE

۱.	(Mr/Mrs/Miss/Ms)	First	Middle	Last	
	Address				
			Work#		
			Date of birth		
			Are you a member of		
			ave you ever been a <i>Journal</i> -listed (
,		ian Science practitioner and	Christian Science nursing care to he for the Christian Sciences nurses to		
١.	Name of Journal-lis	ted CS practitioner on case			
	Phone #				
	City and State of Journal listing				
	Alternate Christian	Science practitioner, if regul	ar practitioner cannot be reached:		
	-		Phone #		
.	Name of nearest rela	ative	Rela	tionship	
,	Address				
	City		State	Zip	
I	Home telephone #		Work#		
•	Health Care power of attorney or legal guardian (please provide copy of health care directive). Name				
	Address				
			State	Zip	
	City				
			Work #		
	Home telephone #_				

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IMPORTANT NOTE: Morning Light Christian Science Nursing Service is not eligible for either the Medicare or Medicaid program. Insurance coverage is dependent upon individual policies and is the responsibility of the patient and/or family.

6.	Person to whom bills should be sent:				
	Name	Relationship	1		
	Address_				
		State	<u>Z</u> ip		
	Telephone #	Work#			
	Please indicate your financial arrangements for payin	g bills:			
	Personal or family financesPrivate in	nsurance			
	Name(s) and policy number (s) for private insurance_				

Please read carefully the following declaration so that you understand the conditions for care provided by Morning Light.

- I am an adherent of Christian Science and rely wholly upon God for healing.
- I have read and agree to the STATEMENT OF UNDERSTANDING concerning Christian Science nursing services provided by Morning Light Christian Science Nursing Service.
- I understand it is Morning Light's policy that an individual receiving Christian Science nursing care has daily treatment from a *Journal*-listed Christian Science practitioner.
- In the event that the Christian Science practitioners of my choice cannot be reached in an emergency, I hereby authorize Morning Light Christian Science Nursing Service to call another *Journal*-listed practitioner to treat me until such time as my regular practitioner is again available.
- I agree to comply promptly if a change in my care plan is needed in order that I may receive proper care.
- I understand a statement of daily charges will be presented and are due as billed. Questions and financial arrangements should be directed to the Morning Light Administrator.
- I understand that Morning Light Christian Science Nursing Service is not responsible for my valuables or personal property.

STATEMENT OF UNDERSTANDING

I understand that the ministry of Morning Light Christian Science Nursing Service includes providing Christian Science nursing services consistent with the theology of Christian Science, and therefore I understand and expect that this does not include medical involvement.

The care of the Christian Science nurse includes:

- Accepting a case with the expectancy of complete and immediate healing;
- Giving care that is consistent with the theology and ethics of Christian Science;
- Loving reassurance of God's tender care, ever-presence, and omnipotence; faithfully and consistently acknowledging man's spiritual perfection;
- Christian encouragement of an individual's expression of normal activity and natural vitality;

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- Reading to or with an individual from the Bible, Science and Health with Key to the Scriptures and other writings by Mary Baker Eddy; also, additional literature published by The Christian Science Publishing Society;
- Communication: maintaining an ethical, moral, and loving manner in all communications with the patient, family, friends, Christian Science practitioner, and others; observing ethical and legal requirements with regard to private information about the patient;
- Surroundings: maintaining an atmosphere that is conducive to spiritual healing and supportive of harmonious care;
- Personal care and bathing: assisting with all necessary care to meet the needs of cleanliness and comfort;
- Mobility: assisting with mobility including assisting with standing, walking, moving, and settling with or without mobility aids or comfort items;
- Nourishment: preparing and modifying food; assisting with feeding; giving appropriate encouragement to eat;
- Cleansing//bandaging: cleansing, covering and bandaging, to provide for cleanliness, protection, support, and comfort;
- Instructing the patient or others in providing care for meeting individual needs;
- Being obedient to the laws of the land.

The care of the Christian Science nurse does <u>not</u> include:

- Making a medical diagnosis or prognosis;
- Assuming responsibility for making health care decisions for the patient;
- Administering medication, drugs or using medicated, herbal, or vitamin-based products and remedies;
- Using and administering medically oriented techniques or technology;
- Manipulation, massage, physical therapy;
- Intravenous or force-feeding;
- Assuming responsibility for a patient's financial or household business transactions;
- Intruding on the private relationship between the patient and the Christian Science practitioner, or between the patient and his or her family:
- Giving personal advice and counsel.

Fundamental to the ministry of a Christian Science nurse is an active, prayerful confirmation of man's innate spirituality and responsiveness to God's harmonious government. This spiritual witnessing undergirds each aspect of the care a Christian Science nurse renders.

Your	signature indicates	vour understanding	g of these statements ar	d vour desire to	receive the care	described above:

Signature	Date		
Signature of Sponsor(July, 2016)	Relationship		