

morning light foundation, inc.

P.O. BOX 570624, ATLANTA, GEORGIA 30357 / (770) 794-0247

APPLICATION FOR CHRISTIAN SCIENCE NURSING CARE

1. (Mr/Mrs/Miss/Ms) _____
First Middle Last

Address _____

City/State/Zip _____

Home telephone # _____ Cell # _____

Email _____

Social Security No. _____ Date of birth _____

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

Have you had Primary class instruction? _____

3. It is Morning Light's policy for patients receiving Christian Science nursing care to be receiving daily treatment from a Journal-listed Christian Science practitioner and for the Christian Science nurses to be in contact with the Christian Science practitioner.

Journal-listed Christian Science practitioner giving daily Christian Science treatment:

Name _____ Phone # _____

City and State of Journal listing _____

Alternate Christian Science practitioner if regular Christian Science practitioner cannot be reached:

Name _____ Phone # _____

4. Name of nearest relative _____ Relationship _____

Address _____

City / State / Zip _____

Cell phone # _____ Work or Home # _____

5. Health Care power of attorney or legal guardian (**please provide copy of advance directive for healthcare**)

Name _____

Address _____

City / State / Zip _____

Cell phone # _____ Work or Home # _____

6. **IMPORTANT NOTE:** Morning Light Christian Science Nursing Service is not a Medicare or Medicaid provider. Insurance coverage is dependent upon individual policies and is the responsibility of the patient and/or family. Requests for financial assistance may be directed to the Administrator/Director of Christian Science Nursing.

Person to whom bills should be sent:

Name _____

Address _____

City / State / Zip _____

Email _____

Cell phone # _____ Work or Home # _____

7. Financial Power of Attorney (**please provide copy of financial power of attorney**)

Name _____ Relationship _____

Address _____

City / State / Zip _____

Cell phone # _____ Work or Home # _____

8. Please indicate if you are interested in information regarding additional /supplemental funding sources.

Yes _____ No _____

Please carefully read 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 Service provided by Morning Light Foundation.
- 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 the Christian Science practitioner of my choice cannot be reached in an emergency, I authorize Morning Light Christian Science Nursing Service to call another Journal-listed Christian Science practitioner to treat me until such time as my regular Christian Science practitioner is again available.
- I agree to cooperate with the proper care that is being given.
- 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 / Director of Christian Science Nursing.
- 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 Christian Science Nursing ministry of Morning Light Foundation, Inc., provides Christian Science nursing services consistent with the **attached** Christian Science Nurse Scope of Services, dated June 2025, and received from the office of Christian Science Nursing Activities, Boston, MA.

My signature below confirms that I have read the Christian Science Nurse Scope of Services dated June 2025, or had it read to me, and that I understand and agree that this is the care that I will receive while receiving Christian Science Nursing care from Morning Light Christian Science nurses.

Signature _____ Date _____

Print Name _____

Signature of Sponsor _____ Relationship _____

Print Name _____ Date _____

07/01/2025