

Application for Admission

# Maplewood Nursing Home, Inc.

100 Daniel Drive, Webster, New York 14580

(585) 872-1800



Federal and state law prohibit this facility from denying admission to anyone because of race, creed, color, national origin, age, sex, sexual preference, marital status or disability.

## **Introduction**

Thank you for your interest in The Maplewood. Based on a family tradition of caring, spanning three generations and more than sixty years of exceptional service, we believe our facility is one of the finest in our region. We are dedicated to the highest standards of quality care, designed to allow each of our residents to attain or maintain his or her highest practicable level of physical, mental, psychological and social well-being. Our philosophy is to *"Care for every resident the way we would want our own loved ones cared for."*

## **Admission Process**

It is our policy to admit selectively those applicants considered by our staff to be medically and socially appropriate for placement at The Maplewood and who are financially able to pay for the expenses of care as they come due.

Our admission process requires disclosure of the prospective resident's general background information, medical history and condition, financial history, and current income, assets and liabilities. We are relying on the accuracy of the information prospective residents and their families provide to us when we make our admission decision.

This application must be completed by the prospective resident or by a person who has been designated as the prospective resident's agent (also known as an "attorney-in-fact") under a currently-in-force power of attorney, or has been appointed guardian for the prospective resident. The agent or guardian must have personal knowledge of the prospective resident's personal and financial affairs. If the prospective resident does not have an agent or guardian, he or she should appoint one now, as this is a pre-condition for admission to The Maplewood in any event.

## **Financial Arrangements**

If the prospective resident is accepted for admission to The Maplewood, the resident (or agent) will be required to sign an admission and financial agreement, and a recertification of the accuracy of the information contained in this application. The admission and financial agreement includes a significant financial obligation to The Maplewood, which should be carefully read and understood.

In addition, a person qualified and able to serve as the prospective resident's "Responsible Party" will be required to sign an agreement to provide payment to The Maplewood from the prospective resident's income and resources. The Responsible Party may be the prospective resident's agent, and must have knowledge of and access to the prospective resident's financial resources. Although the Responsible Party is not a third party guarantor of payment, and does not incur personal liability for payment from the Responsible Party's own resources, he or she does accept a significant personal legal obligation to The Maplewood.

The Maplewood's charges are payable monthly in advance. Once admitted, the resident and the Responsible Party will have the obligation to make timely payment of these charges. Careful management and use of the resident's assets by the resident and Responsible Party should ensure that funds are preserved and available for this purpose. In many cases, we may suggest or require that particular management or trust arrangements for the resident's assets be established.

If the resident's remaining resources become insufficient to continue private payment for his or her care for a period beyond four additional months, then the Responsible Party or other family members should make application for assistance to the appropriate county's Medicaid administration unit (typically, the Monroe County Department of Human Services, the Wayne County Department of Social Services, or the Ontario County Social Services Department). An application for Medicaid assistance is not made by The Maplewood.

## General Information

How did you learn about us? \_\_\_\_\_

Prospective Resident's Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Health Insurance company names; policy type and numbers: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_ Church/Synagogue/Mosque: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Hospital: \_\_\_\_\_ Hospital Admission Date: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Other Placement: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Special Diet Needs: \_\_\_\_\_

Current Smoker: \_\_\_\_\_ Smoking History: \_\_\_\_\_

Do you have a Power of Attorney? \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you represented by legal counsel? \_\_\_\_\_

\_\_\_\_\_  
*Firm*

\_\_\_\_\_  
*Attorney*

Do you have a will? \_\_\_\_\_

If yes, name of executor: \_\_\_\_\_

Do you have long term care ("LTC") insurance? \_\_\_\_\_

Name of LTC Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Lifetime maximum benefit amount: \_\_\_\_\_ Monthly maximum benefit amount: \_\_\_\_\_

Have you used any of the LTC insurance benefits? \_\_\_\_\_

If "yes", please explain your usage to date: \_\_\_\_\_

Are you a participant in the New York State Partnership for Long-Term Care? \_\_\_\_\_

If "yes", have you used any of the benefits? \_\_\_\_\_

If "yes", please explain your usage to date: \_\_\_\_\_

Others to Notify:

1. Name: \_\_\_\_\_ Power of Attorney Health Care Proxy

Full Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Power of Attorney Health Care Proxy

Full Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Power of Attorney Health Care Proxy

Full Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Expected Length of Stay:

Long Term Short Term Respite

*Please note that New York State requires a PRI and Screen as part of the application process.*

## Prospective Resident’s Financial Disclosure and Certification

Your financial disclosure is an important part of the admission process. The financial information you provide will be kept confidential to The Maplewood. The Maplewood relies on your complete and accurate disclosure of this financial information in making our admission decision.

Following our review of your disclosure, you may be asked to provide additional information, and documentation verifying the data you have provided to us.

### Income

Please list your current sources and amounts of income. If you receive any amounts jointly with others, list the names of such joint recipients.

INCOME	Monthly Amount	Source (payor name or company)	Recipient (self; or names of any joint owners)
Social Security			
Pensions			
Other Retirement Income			
IRA Distributions			
Interest			
Dividends			
Annuity Payments			
Real Estate Income (e.g., rentals, mortgages)			
Alimony/maintenance			
Other Income			

## Assets and Liabilities

Please list all your assets and liabilities, including the value/amount and a description. If any assets and liabilities are jointly owned with others, please list the names of the joint owners.

ASSETS	Description/Account Number	Joint name(s)	\$ Amount
Cash on Hand			
Checking Accounts			
Savings Accounts			
Real Estate Owned			
Marketable Securities (Stocks, Bonds, Mutual Funds)			
IRAs, 401k, Other Retirement Accounts			
Non-Marketable Securities			
Other Business Interests			
Partial Interest in Real Estate Equities\			
Life Insurance (Cash Value) (List All Policies)			
Personal Property			
Other Assets: Itemize			
<b>Total Assets</b>			

<b>LIABILITIES</b>	<b>Description/Account Number</b>	<b>Joint name(s)</b>	<b>\$ Amount</b>
Real Estate Mortgages			
Notes Payable to Banks: Secured			
Notes Payable to Banks: Unsecured			
Amounts Payable to Others: Secured			
Life Insurance Policy Loans			
Amounts Payable to Others: Unsecured			
Accounts and Bills Due: Itemize			
Unpaid Income Tax			
Other Unpaid Taxes and Interest			
Other Debts: Itemize			
Hospital			
Doctors			
Others			
<b>Total Liabilities</b>			

**Transfers of Assets and Gifts**

List each transfer of assets and gifts made in an amount greater than \$250 from the resident's name to others or into joint names within the last five years.

Date	Name and Address of Recipient	\$ Amount

**Contingent Liabilities**

Are you an endorser, co-maker or guarantor on a loan to others? \_\_\_\_\_

Are you a signatory on a lease or contract? \_\_\_\_\_

Are there any legal claims pending against you? \_\_\_\_\_

Are there any tax liens or other liens against you? \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ Date: \_\_\_\_\_ Court: \_\_\_\_\_

If you answered "yes" to any of the foregoing questions related to contingent liabilities, explain the circumstances including the amount at issue and identify all persons or entities involved:

I, the undersigned prospective resident, certify to Maplewood Nursing Home, Inc. d/b/a The Maplewood that all pages of this admission application have been carefully read and understood. All information, including my financial disclosure, is true, accurate and complete. (Indicate agreement by selecting "Yes".)

I agree: \_\_\_\_\_

\_\_\_\_\_  
*Prospective Resident* ( OR ) *Date*

\_\_\_\_\_  
*Agent for Prospective Resident* *Date*

I certify that the foregoing signature, if typed, constitutes an electronic signature having the same force and effect as if handwritten. (Indicate agreement by selecting "Yes".)

I agree: \_\_\_\_\_