

Application for Admission To Residential Health Care Facilities in St. Lawrence County

General Information

Name _____ Phone _____
 Legal Address _____
 Present Location _____
 Date of Birth _____ Social Security # _____
 Married Single Widowed Separated Divorced
 Spouse or Significant Other's Name _____
 Sex Male Female Place of Birth _____ U.S. Citizen Yes No
 Father and Mother's Names _____
 Religion (optional) _____ Occupation: _____
 Personal Physician _____
 Type of Admission: Long Term Care Short Term Rehabilitation

Relatives/Friends To Be Notified In Emergency

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Relationship _____	Relationship _____
Home # _____ Work # _____	Home # _____ Work # _____
Cell # _____ Email _____	Cell # _____ Email _____

Advance Directives

Health Care Proxy <input type="checkbox"/> Yes <input type="checkbox"/> No	Body Donor <input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will <input type="checkbox"/> Yes <input type="checkbox"/> No	Organ Tissue Donor <input type="checkbox"/> Yes <input type="checkbox"/> No
DNR Order <input type="checkbox"/> Yes <input type="checkbox"/> No	MOLST Form <input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Preferences

- | | |
|---|---|
| <input type="checkbox"/> Maplewood Healthcare and Rehabilitation Center
(dba for United Helpers Canton Nursing Home, Inc.)
205 State St. Road
Canton, New York 13617 | <input type="checkbox"/> St. Regis Nursing Home
89 Grove Street
Massena, New York 13662 |
| <input type="checkbox"/> RiverLedge Healthcare and Rehabilitation Center
(dba for United Helpers Nursing Home, Inc.)
8101 SH 68
Ogdensburg, New York 13669 | <input type="checkbox"/> Kinney Nursing Home
57 West Barney St
Gouverneur, New York 13642 |
| <input type="checkbox"/> St. Joseph's Home
950 Linden Street
Ogdensburg, New York 13669 | <input type="checkbox"/> Clifton Fine Hospital Long Term Care
1014 Oswegatchie Trail
PO Box 10
Star Lake, NY 13690 |
| <input type="checkbox"/> Highland Nursing Home
182 Highland Road
Massena, New York 13662 | |

Funeral Arrangements

Funeral Home or Person Responsible for Funeral

Name _____ Address _____ Phone Number _____

Insurance Coverage

Medicare # _____ PDP (Prescription Drug Plan) _____

Medicaid # _____ County _____ Medicaid Applying Yes No

Blue Cross/Blue Shield ID # _____ Policy # _____ Plan # _____

Veteran Yes No Spouse of a Veteran Yes No VA# _____

Other Medical Coverage (Include Long Term Care Coverage or Hospice)

Insurance Company

Address

Policy/Group Numbers

Financial Resources (amount per month)

Social Security \$ _____ Railroad Retirement \$ _____

Retirement Pension \$ _____ Dividends \$ _____

SSI \$ _____ Interest \$ _____

Veterans Pension \$ _____ Other Income \$ _____

Bank Accounts

Name and Address of Bank Type of Account (Checking, Savings, CD's, etc.) Balance

Do you have a Representative Payee for your Social Security checks? Yes No If yes, Name _____

Do you have your "Letter of Creditable Prescriptions Drug Coverage Notice?" Yes No

Do you have a Power of Attorney? Yes No If yes, Name _____

Person responsible for payment of care _____

Signature of Applicant or Representative _____

Date _____

FEDERAL AND STATE LAWS PROHIBIT RESIDENTIAL HEALTH CARE FACILITIES FROM DENYING ADMISSION TO ANYONE BECAUSE OF RACE, CREED, COLOR, PLACE OF BIRTH, SEX, DISABILITIES, BLINDNESS, SOURCE OF SPONSORSHIP, SOURCE OF PAYMENT, MARITAL STATUS.

Attachment A
Application for Admission
To Residential Health Care Facilities in
St. Lawrence County

Applicants Name: _____

Due to Medicaid's Deficit Reductions Act of 2005, there have been changes evaluating Long Term Care Medicaid Eligibility. Please respond to the following:

Has the Applicant had a transfer of any resources or real estate on/after February 8, 2006? Yes No

Has the Applicant/Spouse purchased any Life Estates in another individual's home on/after February 8, 2006? Yes No

Has the Applicant/Spouse purchased a Note, Loan, Mortgage or Annuity on/after February 8, 2006? Yes No

Does the Applicant/Spouse own real property other than their homestead? Yes No

Has the Applicant had a transfer of any resources or real estate in the last 60 months (5 years)? Yes No

Does the Applicant have a Trust Fund? Yes No If yes, was it established within the last 60 months? Yes No

Does the Applicant own their own home? Yes No

If the Applicant is the sole owner of their home, is the equity of the said home valued at \$750,000 or above? Yes No

Signature of Applicant or Representative

Date