

# Connecticut Baptist Homes, Inc.

## APPLICATION FOR ADMISSION

This application must be completed before an individual will be placed in the waiting list and considered for admission.

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

### General Information

Applicant's Name: \_\_\_\_\_

Current Location: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Citizen of: \_\_\_\_\_ Veteran? Y: \_\_\_ N: \_\_\_ Spouse of Veteran? Y: \_\_\_ N: \_\_\_ Branch: \_\_\_ Veteran's #: \_\_\_\_\_

Marital Status - Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

Spouses Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Contact person/Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Religion: \_\_\_\_\_ Church/ City: \_\_\_\_\_

Pre-Need Funeral Arrangements: Funeral Home: \_\_\_\_\_ Burial Account: Y \_\_\_ N \_\_\_

Where have you lived most of your life? \_\_\_\_\_

Do you currently live alone? \_\_\_\_\_ Do you receive assistance at home? \_\_\_\_\_

Educational Level: \_\_\_\_\_ Occupation (before retirement)? \_\_\_\_\_

Leisure pursuits and community involvement: \_\_\_\_\_

Have you ever lived in retirement housing? \_\_\_\_\_ A nursing home? \_\_\_\_\_

If so Where/When \_\_\_\_\_

Durable Power of Attorney: Y: \_\_\_\_\_ N: \_\_\_\_\_ Name: \_\_\_\_\_

Conservator of Person: Y \_\_\_\_\_ N: \_\_\_\_\_ Name: \_\_\_\_\_

Conservator of Estate: Y \_\_\_\_\_ N: \_\_\_\_\_ Name: \_\_\_\_\_

Health Care Agent: Y \_\_\_\_\_ N: \_\_\_\_\_ Name: \_\_\_\_\_

Do you have a Living Will?: Y \_\_\_\_\_ N: \_\_\_\_\_

## Insurance Information

Medicare # \_\_\_\_\_

Do you have Medicare D (Prescription Drug Coverage)? Y \_\_\_ N \_\_\_ If yes, policy name: \_\_\_\_\_

Other Medical Insurance: Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Have you ever applied for Medicaid: Y: \_\_\_\_\_ N: \_\_\_\_\_ If yes, Medicaid #: \_\_\_\_\_

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## General Medical Information

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Diagnos(i/e)s: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Medications: \_\_\_\_\_

Can you completely care for yourself without assistance? Y: \_\_\_ N: \_\_\_ If no, what assistance do you need:

Bathing and Dressing:	Independent	Partial Help	Dependent
Ambulation:	Independent	Partial Help	Dependent
Toileting:	Independent	Partial Help	Dependent
Eating:	Independent	Partial Help	Dependent
Medication:	Independent	Partial Help	Dependent
Oriented:	Person	Time	Place

Do you use any assistive devices? (cane, walker, wheelchair, scooter)

\_\_\_\_\_

Please give dates and nature of any hospitalizations (past year), major illnesses or surgery you have experienced:

\_\_\_\_\_  
\_\_\_\_\_

Do you currently receive assistance or intervention from: (check all that apply)

\_\_\_\_\_ Home Care/Visiting Nurse Association    \_\_\_\_\_ Meals on Wheels

I certify that these statements are true and accurate to the best of my knowledge:

\_\_\_\_\_  
*Signature of Applicant/Responsible Party*

### Financial Information

#### Applicant's Own Income

Social Security	\$ _____	/Month	
Pension	\$ _____	/Month	Source _____
Annuity	\$ _____	/Month	Source _____
Interest	\$ _____	/Month	Source _____
Dividends	\$ _____	/Month	Source _____
Other	\$ _____	/Month	Source _____

Does the applicant receive income from or have any interest in any trust?

**Yes**      **No**    If **YES**, please describe and provide a copy of the trust instrument.

**Applicant's Assets**      (NOTE: If any asset is jointly held, please give name of joint owner.)

**Real Estate.**      Describe and give approximate value.

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Was this real estate the applicant's home prior to entering the nursing home? **Yes**  
**No**

Is the applicant's spouse now living in the home? **Yes**  
**No**

**Stocks and Bonds** (Please describe and give approximate value )

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**Bank Accounts** (Please describe and give current balance)

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**Life Insurance** (List only policies having a cash surrender value and give approximate cash surrender value)

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**Other** (Please describe fully and give value)

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Does the applicant have "life use" of any real estate (any ownership interest, in full or in part, for his or her lifetime, or the right to occupy property for his or her lifetime)?

**Yes No**

If yes, please describe

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**Transfer of Assets**

Within sixty (60) months prior to the date of this application, has the applicant or applicant's spouse given away assets of any kind (cash, securities, real estate, etc. ) or

transferred assets of any kind for less than fair market value? If so, describe fully all such gifts or transfers in excess of \$1,000, including the asset transferred, names, addresses and relationship of the person to whom the gift or transfer was made, the value of the gift or transfer and the transfer/gift date..

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Within sixty (60) months (5 years) prior to the date of this application, had the applicant or the applicant's spouse

- created any trusts? Yes  
No
- placed funds or any other assets in a trust that already existed? Yes  
No

If **yes**, please describe and provide a copy of the trust instrument .

**I certify that I have fully investigated the applicant's financial records and that this is a true and complete statement of the applicant's current income and assets and any gifts or transfers for less than fair market value in excess of \$1,000 and any trusts created or transfers of assets to any trust that the applicant or his or her spouse has made.**

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Applicant or Responsible Party