Admission Application

Hartford HealthCare
Connect to healthier.™

You have contacted this facility and indicated a desire to be considered for admission. Your name will be placed on our waiting list after you substantially complete and return this application.

Please check off all the communities in which you are interested:

Skilled Nursing Communities

- ❑ Jerome Home
- ❑ Jefferson House
- ❑ Southington Care Center

Assisted Living Communities

- ❑ Arbor Rose
- ❑ Cedar Mountain Commons
- ❑ Mulberry Gardens of Southington
- ❑ The Orchards at Southington

SMOKE FREE ENVIRONMENT

Jerome Home: 975 Corbin Avenue • New Britain, CT 06052 • 860.229.3707
Jefferson House: 1 John H. Stewart Drive • Newington, CT 06111 • 860.667.4453
Southington Care Center: 45 Meriden Avenue • Southington, CT 06489 • 860.621.9559
Arbor Rose: 975 Corbin Avenue • New Britain, CT 06052 • 860.229.3707
Cedar Mountain Commons: 3 John H. Stewart Drive • Newington, CT 06111 • 860.665.7901
Mulberry Gardens of Southington: 58 Mulberry Street • Plantsville, CT 06479 • 860.276.1020
The Orchards at Southington: 34 Hobart Street • Southington, CT 06489 • 860.628.5656

Hartford HealthCare Senior Services
Application for Admission

Vital Statistics

Name _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____

Sex ❑ M ❑ F Date of Birth _____ Place of Birth _____

Marital Status _____ Religion _____ Place of Worship _____

Occupation (Current or Former) _____

Type of Placement Being Sought (Please Check):

❑ Short Term Rehab ❑ Hospice Care ❑ Long Term Care ❑ Assisted Living

Medical Information

Present Location _____

If Hospital/Health Facility, Date of Admission _____

Admitting Diagnosis _____

Surgery (include dates) _____

_____

Past Medical History _____

_____

Allergies _____

Current Medications _____

_____

Skin Condition:

Surgical Site _____ Reddened Areas _____

Decubitus _____ Treatment _____

Diet _____ HT _____ WT _____

Mental Status:

❑ Alert ❑ Oriented ❑ Confused ❑ Disoriented ❑ Forgetful

❑ Vague ❑ Non-responsive ❑ Depressed

Behavior Patterns:

❑ Cooperative ❑ Wanders ❑ Paces ❑ Combative ❑ Verbally Abusive

❑ Resistive to Care ❑ Easily Agitated ❑ Other _____

Restraints ❑ Waist ❑ Vest

Restraints ❑ Always ❑ Daytime ❑ Nighttime ❑ As Needed ❑ None

Current Therapies ❑ PT ❑ OT ❑ Speech
❑ Other _____

Functional Data Summary

	Independent	Minimal Assist (Supervise)	MaximumAssist (1-2 Person)	Unable	
Bathing					
Dressing					
Toileting					
Eating					___ G Tube ___ NG Tube
Transferring					___ Hoyer Lift
Ambulating					

Continence

❑ Continent ❑ Incontinent

If Incontinent: ❑ Urine ❑ Stool

❑ Foley Catheter ❑ Suprapubic Catheter ❑ Texas Catheter (External Device)

❑ St. Catheter ❑ Colostomy ❑ Ileal Conduit

Mechanical Aids

Oxygen/Liters _____

Pace Maker ❑ Yes ❑ No Date Inserted _____

Prosthesis (Type): _____

History of Psychiatric Problems or Disorders (Include Details and Dates of Hospitalization)

_____

_____

History of Alcohol or Substance Use? If Yes, Describe

_____

Smoker ❑ Yes ❑ No

Miscellaneous Information

Primary Care Physician _____ Address & Phone _____

Other Physician(s) _____ Address & Phone _____

Attorney _____ Address & Phone _____

Advance Directives ❑ Yes ❑ No

If Yes, please indicate: ❑ POA ❑ DPOA ❑ HCA ❑ Living Will ❑ Organ Donor ❑ Conservator

During the last 60 days, has there been a stay in a hospital or nursing facility? ____ If so, please indicate where and when stay took place. _____

_____

Have Home Care Services been used in the past? _____

If so, please indicate which agency. _____

Funeral Home Preference:_____ Address:_____

Have arrangements been made?_____ Prepaid?_____

Emergency Contact:

Primary Contact

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Work Phone _____ Cell Phone _____ E-mail _____

Secondary Contact

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Work Phone _____ Cell Phone _____ E-mail _____

Send update letters to _____

ATTACHED FINANCIAL DISCLOSURE FORM MUST ALSO BE COMPLETED.

(All information supplied will remain confidential. Application cannot be processed without this information.)

Social Security Number _____ Medicare Number _____

Medicaid Number (Title 19) _____ Pending? ❑ Yes ❑ No

Medicaid Caseworker's name _____ Phone _____

Managed Medicare, Commercial, Medicare Supplement _____ Policy No. _____

Does Applicant Own a Long Term Care Insurance Policy? _____

Name of Company _____ Is this a Partnership Approved Policy? _____

Veteran (or spouse of a veteran) ❑ Yes ❑ No U.S. Citizen ❑ Yes ❑ No

Signature of person completing application _____

Date of Completion _____

Hartford HealthCare Senior Services
Applicant's Financial Disclosure

Applicant's Name: _____ Date: _____

The applicant and/or responsible party may be required to submit copies of all current accounts (checking, savings, money market, mortgage, etc.) upon completion of this form and at the time of admission.

Applicant's Own income-list GROSS amount		**Spouse's income-list GROSS amount**	
		Not applicable ____	
Social Security	$ _____ /Mo	Social Security	_____ /Mo
Pension	$ _____ /Mo	Pension	_____ /Mo
Annuity	$ _____ /Mo	Annuity	_____ /Mo
Interest	$ _____ /Mo	Interest	_____ /Mo
Dividends	$ _____ /Mo	Dividends	_____ /Mo
Other	$ _____ /Mo	Other	_____ /Mo

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

Does the applicant's spouse receive income from or have any interest in a trust?

Yes____No____

Will the money in this trust be avilable for the applicant's care? Yes____No____

Does the applicant have a Long Term Care Insurance policy? Yes____No_____

Has the applicant ever applied for any other benefits (VA benefits, Pilot Program) that will potentially give additional income? Yes____No____

If yes, please describe what benefits have been applied for and the date of application.

_____

_____

Applicant's Assets

(NOTE: If any asset is jointly held, please give name of joint owner. If married, list all assets owned by the applicant and his/her spouse, regardless of whether the assets are owned individually or jointly).

Properties

Address and approximate value: _____

Names on Deed: _____

Does the spouse live in the home? Yes____ No____

What is the amount of equity in the home: $ _____

Mortgage notes held on the property: _____

Stocks and Bonds - Please describe and give approximate value

_____

_____

_____

Bank Accounts

Bank: Type of account: Single/joint with whom: Balance:

_____

_____

_____

Life Insurance - List only those policies having a cash surrender value and give approximate surrender value.

_____

_____

Annuities - Has the applicant purchased or does the applicant receive income from any annuity? If yes, please describe. please list specifics with each annuity (monthly payments and/or yearly payment).

_____

_____

_____

Transfer of Assets within 60 months (5 years)

Within 60 months (5 years) prior to the date of this application, has the applicant or spouse given away assets of any kind (cash, securities, real estate, etc.) or transferred assets of any kind?

Yes____ No_____

If so, please describe fully all such gifts or transfers of $500 or more, including the asset transferred, date of transfer, names, addresses and relationship of the person to whom the gift was made and the value of the gift or transfer.

_____

_____

Within 60 months prior to the date of this application, has the applicant or spouse created a trust or placed funds or any other assets in a trust that already exists? Yes____ No____

If so, please describe fully all existing or newly created trusts.

_____

_____

_____

If signed by the Applicant:
I hereby certify that this is a true and complete statement of my (and if applicable, my spouse's) income and assets and any gifts or transfers in excess of $500 and any trusts created or transfers of any assets to any trust that I or my spouse have made.

Applicant Signature Date

If signed by the Responsible Party:
I certify that I have investigated the applicant's financial records and that this is a true and complete statement of the applicant's income and assets and any gifts or transfers in excess of $500 and any trusts created or transfers of any assets to any trust that the applicant or his or her spouse has made.

Person Acting for Applicant

Print Name

Title

Date