



**YOU HAVE CONTACTED THIS NURSING HOME AND INDICATED A DESIRE TO BE ADMITTED AS A PATIENT TO THIS FACILITY. BECAUSE OF THIS, YOU HAVE ALREADY BEEN ISSUED A RECEIPT INDICATING THE DATE AND TIME OF YOUR INITIAL REQUEST AND YOUR NAME IS PLACED ON OUR DATED LIST OF APPLICATIONS OR INQUIRY LIST.**

**PLEASE FIND ENCLOSED THIS FACILITY'S WRITTEN APPLICATION FORM, AS SOON AS YOU SUBSTANTIALLY COMPLETE AND RETURN THE FORM TO THE FACILITY, YOUR NAME WILL BE PLACED ON OUR WAITING LIST FOR ADMISSION TO THE FACILITY. YOUR NAME WILL ONLY BE PLACED ON OUR WAITING LIST AFTER YOU SUBSTANTIALLY COMPLETE AND RETURN THIS WRITTEN APPLICATION.**

Thank you for your interest in Connecticut Baptist Homes, Inc. Enclosed please find our written application form. As soon as your application is substantially complete, please return it to us and your name will be placed on our waiting list. Please contact us immediately if you have any questions.

Our application asks you to select the level of care you require, or program of interest based on your assessment of your current needs. The world of health care is ever changing, and the medical terminology can be confusing. We are here to assist you in navigating this complex world of health care. If you don't know what level of care would best meet your needs, we are available to meet with you personally to help make that decision. We can provide a health screen, meeting with you here at the facility or where you currently live, gathering medical information from you, your family, physician and other health providers to determine the level of care currently needed. Please contact our Admissions Representative to make the arrangements at (203)-237-1206.

Connecticut Baptist Homes, Inc. participates in the traditional Medicare and Medicaid programs and does not discriminate based on the basis of sex, color, religion, national origin, handicap, on admission or access to treatment in its programs or activities. If you have questions about insurance, costs related to placement and qualifications for state or federal assistance programs we would be happy to meet with you to address your concerns.

In the meantime, we would be pleased to offer you a tour of our facility and give you the opportunity to see firsthand the care and services available.

Thank you for choosing Connecticut Baptist Homes, Inc.

# 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 # \_\_\_\_\_

Long Term Care Insurance? Y\_\_\_ N\_\_\_

Long Term Care Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Medicare D (Prescription Drug Coverage)? Y \_\_\_ N \_\_\_ If yes, company: \_\_\_\_\_ # \_\_\_\_\_

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

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 locations and dates for any hospitalizations, rehabilitative stays or nursing home admissions in the past 12 months.

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 (gifts, 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, the date of the transfer, 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*