

Resident Profile

A History of Gracious Living



St. Dominic's - Portland

SEVENTY-FIVE STATE STREET



Preliminary Admission Information

Personal Information

Name _____ Date _____
Birthdate _____
Address _____ Telephone _____
Marital status: Single Married Widowed Divorced
Medicare # _____ Blue Cross Certificate # _____
Other insurance _____ ID# _____
Social Security # _____

Present Living Arrangements

- In my own home/apt. With relative/friend Assisted Living
 Support services such as Meals on Wheels or Homemakers come to my home.

Occupancy

Seventy Five State Street has both Independent and Assisted Living (Residential Care).
The Marketing Director will review the programs with you to help decide which best suits your needs.
Review the information packet for a listing of services in each program.

I am interested in:

- Assisted Living Independent Living Unsure

Family Members/Personal Contacts

Completely list family members and/or friends whom we should contact on your behalf in the event of an emergency or situation requiring intervention.

Name	Relationship	Address	Phone (home & work)

Preliminary Admission Information

Legal Affairs

- I have already completed a document outlining my End of Life Decisions (Living will).
- I have already completed a Power of Attorney. Please specify:
 Durable Financial Healthcare
- My agent is: _____
- I have made a decision with my doctor regarding resuscitation.
(Copies of all above indicated documents will be requested for admission)
- I manage my financial affairs independently.
- My financial affairs are managed by: _____
- I have a Conservator or Guardian.

Education

Circle last year completed

Primary School I 2 3 4 5 6 7 8 9 10 11 12 _____ GED _____
Yr graduated

College I 2 3 4 _____ Degree _____
Yr. graduated

Occupation

Please indicate your area(s) of employment: _____

Medical Data

Detailed information will be required for all applicants. We will request this from your physician with your permission.

Regular Physician _____ Hospital preference _____
Dentist _____ Optometrist _____
Other specialist _____ Allergies _____

Dietary Needs

Appetite: Good _____ Fair _____ Poor _____

Special dietary considerations _____

Foods unable to tolerate _____

Food allergies _____

Comments

Please use the space below to record any important details that have not been covered in the application form:

Admission Process

1. Complete and submit preliminary admission form.
2. Submit medical information from your physician, including your most recent history and physical exam.
3. Participate in an informal admissions meeting with two of our staff members.
After completing the above process we will respond within two business days to inform you of our decision to accept the application or report any concerns we may have in meeting the needs of the applicant.

Signatures

Signature of applicant _____ Date _____

If other than applicant, name of person to contact in follow up to the application:

Name _____ Phone _____

If you have any questions about the information requested or need help in completing this application, please do not hesitate to call us @ 207-775-7775.



Confidential Financial Assessment

There are three methods of payment for the cost of Assisted Living. Please indicate your proposed method of payment and complete the appropriate information.

1. Monthly payment with private funds.

2. Long term care insurance

Private long-term care insurance policies may have provisions for coverage of Assisted Living services.

Name of insurer _____ ID# _____

Contact person _____ Tel. # _____

We will request a copy of your policy

3. Medicaid

The applicant or responsible party must make application with the Department of Human Services. Once approved, the resident makes a monthly payment to the facility as calculated by the Dept. of Human Services. Medicaid then makes a supplemental payment to the facility.

Status:

Currently receives community Medicaid. ID# _____

Application for assisted living Medicaid coverage made.

Date application filed _____

DHS Caseworker _____

Monthly income		Assets	
Social Security	_____	Bank Accounts	_____
Pensions	_____	Real Estate	_____
Interest/dividends	_____	(current market value)	
SSI	_____	Stocks, bonds,	_____
State Assistance	_____	& securities (current market value)	
All other income	_____	Other possessions	_____
Total monthly income	_____	of significant value	
		Insurance policies	_____
		Mortuary Trust	_____
		Total Assets	_____