



40 Albert Street
New Haven, CT 06511
P: (203) 865-0068
F: (203) 401-4541

Required Paperwork (PRIOR TO ADMISSION)

The Administration of this facility requests that copies of the following documents be submitted to admission personnel prior to the actual admission of a prospective resident.

1. Copy of birth certificate and/or naturalization-citizenship papers.
2. Copy of Social Security Card.
3. Copy of all medical insurance cards such as Title XIX (Medicaid), Medicare and Blue Cross-Blue Shield etc.
4. P.O.A. and/or Conservatorship papers.
5. Proof of Identification.
6. Proof of Income.
7. QuantiFERON Gold test results.
8. Physician Information (Name of Doctor, address, phone/fax).
9. Bank Statements (2 years worth).

Required Paperwork (UPON ADMISSION)

1. Current Medication List.
2. Physician Orders to administer medications.
3. Scheduled appointment with the physician in the community.

We thank you in advance for your cooperation and understanding of the RCH admission requirements. Acknowledgement and acceptance of facility policy and procedures helps to create a smoother transition period for prospective residents when admitted to the extended health care environment.



**APPLICATION FOR ADMISSION
LEEWAY, INC.
Residential Care Facility**

PART I: PERSONAL INFORMATION

Applicant's Name _____ Age _____

Address _____

Active Home Phone _____ Active Cell Phone _____

Date of Birth _____ Sex _____ Religion _____

Social Security # _____ Medicare # _____

Medicaid # _____ Other Insurance _____

Physician's Name _____ Telephone _____

Address _____

Nearest Relative/Responsible Party _____

Relationship _____ Telephone _____

Address _____

Other Contact _____

Relationship _____ Telephone _____

Other Contact _____

Relationship _____ Telephone _____

Does someone hold the applicant's Power of Attorney?

Name _____ Telephone _____

Address _____



Does the applicant have a conservator?

Name _____ Telephone _____

Address _____

PART II: AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize release of medical information pertaining to the above applicant to Leeway Residential Care Facility.

Signature of Applicant or Responsible Party

Date

PART III: APPLICANT'S FINANCIAL INFORMATION

Name _____ Date _____

INCOME

Social Security SSI _____ SSD _____ \$ _____/month

Pension \$ _____/month from _____

Annuity \$ _____/month from _____

Interest/Dividends \$ _____/month from _____

Veterans Benefits \$ _____/month

Other \$ _____/month from _____

Do you receive income from or have any interest in a trust? Yes _____ No _____
If yes, please describe and provide a copy of the trust document.



ASSETS

Own home Yes ___ No ___ Jointly held? ___ Value \$ _____

Other property Yes ___ No ___ Jointly held? ___ Value \$ _____

Stocks/bonds Yes ___ No ___ Jointly held? ___ Value \$ _____

Life Insurance Yes ___ No ___ Jointly held? ___ Value \$ _____

Funeral Insurance Yes ___ No ___ Jointly held? ___ Value \$ _____

Other Yes ___ No ___ Jointly held? ___ Value \$ _____

BANK ACCOUNTS

Owner(s) of Account _____ Present balance \$ _____

Bank Name _____ Address _____

Owner(s) of Account _____ Present balance \$ _____

Bank Name _____ Address _____

PART IV: TRANSFER OF ASSETS

1. Has the applicant sold or given away a motor vehicle, property, stocks, bonds, cash, or any other significant assets in excess of \$1,000 in the past two years?
Yes ___ No ___ Please describe.

2. Has any type of trust been established in the last two years prior to this application?
Yes ___ No ___ Please describe.



PART V: PAYMENT SOURCE

Payment to Leeway, Inc. for room and board will be made by (check one)

Personal Funds _____

Title 19 (Medicaid) _____ Medicaid Number _____

SAGA _____ SAGA Number _____

Unknown _____

Has the applicant applied for Title 19 (Medicaid) Assistance? Yes ___ No ___

If yes, name of intake worker _____ Telephone _____

Redetermination review date _____ (Redetermination cycle: 6 months or yearly)

I hereby certify that the information submitted in this application is complete and accurate. I understand that misrepresentation is a basis for both denial of admissions or discharge.

Applicant's Signature

Date

Signature of Responsible Party/Relative

Date