

Pre Admission Application

Name	Last	First	Middle	SS#	Age	Sex	Birthdate
Address					Phone		
Previous Address (last 5 years)							
Referred by				Advanced Directive <input type="checkbox"/> Yes <input type="checkbox"/> No	DNR <input type="checkbox"/> Yes <input type="checkbox"/> No		DNH <input type="checkbox"/> Yes <input type="checkbox"/> No
Admitted from	Hospital admission date		Discharge date		Marital status		Religion
Former/Present Occupation	Education			Lived alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, with whom			
Primary diagnosis	Date of previous admission to this facility or other SNF			Medicare #			
Secondary diagnosis(es)				Medicaid #			
Dietary restrictions/allergies				Does applicant smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any history of mental illness? If yes, explain:							
Describe any impairments or problems					Discharge plan		
Attending physician		Address			Phone		
Dentist (<input type="checkbox"/> HCC <input type="checkbox"/> or own)		Address			Phone		
Funeral home		Address			Phone		
Emergency contact		Address		Home Phone Business Phone		Relationship	
Emergency contact		Address		Home Phone Business Phone		Relationship	

Please attach copy of Medicare, Social Security and private insurance cards, and Advance Directive/Living Will and Power of Attorney, where available.

Resident's Signature _____ Date _____

Legal Representative's Signature _____ Date _____

Completed Form Received _____ Date _____

* * * * **IMPORTANT INFORMATION** * * * *

Governor Thomas H. Kean signed into law on August 23, 1985 which is important to persons seeking admission to a Medicaid nursing home. It prohibits nursing homes from denying admission to a Medicaid applicant if a bed is available and the home is below a specific occupancy level. The law also prohibits nursing homes from requiring any payment from a Medicaid eligible person or his/her family as a condition for admission or for a continued stay at a nursing home. The Long Term Care Field Office should be notified immediately if this law is not followed.

The undersigned hereby certify that they have read the foregoing, that all statements made herein are complete and true to their knowledge, that all financial information important to the consideration of this applicant has been given as an inducement to the about nursing home the admission for which this application is made. The applicant(s) authorize the nursing home or its agents to verily information contained herein. There are no judgements, liens, pending suits or bankruptcy proceedings against the undersigned or their property. The applicant (s) understand that the above nursing home may cancel any admission granted if this application contains any false or misleading information. Resident and sponsors agree to review the above financial information annually, or more often if necessary, to verily the continuing ability to pay the account and to advise promptly if they believe resident is or soon will be eligible for Medicaid. The nursing home relies on accurate financial information to process this application and to determine eligibility for admission.

Applicant's Signature	Date	Witness
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Legal Representative's Signature	Date	Witness
Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No		

Secondary Legal Representative's Signature	Date	Witness
Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No		

Completed form received _____ Date _____
HCC Signature

Pre Admission Financial Statement

A. INCOME

Applicant's annual income from:	Amount
1. Social Security	
2. Pensions	
3. Salaries	
4. Interest	
5. Dividends	
6. Insurance	
7. Rents & other real estate	
8. Business Investments	
9. Estates, wills, trust	
10. Other income (specify)	
Total	

A. ASSETS

List all assets owned by resident and other person whether as joint tenant, tenant-in-common, or tenant by entirety or in any other form.

1. ITEMIZE BANK ACCOUNTS (Include Certificates of Deposit)

Bank or Institution	Address	Name, address & relationship of any other person having interest in account	Checking or Savings Account Number	Present Balance

2. ITEMIZE REAL ESTATE ASSETS

Address	Description	Name, address & relationship of any other person having interest in account	Current value	Balance due mortgage

3A. ITEMIZE SECURITIES OWNED - BONDS

Name of issuer or bonds	Name, address & relationship of any other person having interest in account	Face value	Market value	Annual interest

3B. ITEMIZE SECURITIES OWNED - STOCKS

Name of issuer or bonds	Name, address & relationship of any other person having interest in account	No. of shares	Market value	Annual dividends

3C. TRANSFERS

Have you transferred any assets by sale, gift or any other means within the past sixty (60) months for less than the value of the asset?

Yes No

If your answer to this question is “yes”, provide the following information concerning each asset transferred for less than fair value within the past sixty (60) months.

Description of asset	Date of transfer	Fair Value as of date of transfer	Amount received for transfer

3D. Do all assets solely belong to applicant? Yes No

If not, assets in the amount of \$_____ belong to applicant and are to be used for applicant’s care at Hunterdon Care Center.

3E. FINANCIAL PRELIMINARY SCREENING EVALUATION

- Does the applicant have a Medicaid number? Yes No
- Has an application been made for Medicaid benefits? Yes No If yes, when _____
- Does that applicant have a spouse in the community Yes No Caseworker _____

Please check “MORE” or “LESS” in response to questions below:	MORE	LESS
Does the applicant have monthly income of more than \$1,500 or less than \$1,500?		
NO SPOUSE IN THE COMMUNITY:		
Does the applicant have resources of more than \$2,000 (plus \$1,500 burial fund) or less than \$2,000 (plus \$1,500 burial fund)?		
Does the applicant have resources of more that \$40,000 or less than \$40,000?		
HAS A SPOUSE IN THE COMMUNITY:		
Do they have COMBINED resources of more that \$16,152 or less than \$16,152?		
Does that applicant have a monthly income of more that \$671 or less than \$671?		
Does that applicant have resources of more than \$4,000 (plus \$1,500 burial fund) or less than \$4,000 (plus \$1,500 burial fund)?		
Does that applicant have resources of more than \$40,000 or less than \$40,000?		
Do they have COMBINED resources of more than \$80,760 or less than \$80,760?		