

**APPLICATION FOR ADMISSION TO
MONSIGNOR BOJNOWSKI MANOR**
50 Pulaski Street, New Britain, CT 06053
Phone 860-229-0336 Fax 860-229-3252

Application Return
Date _____
Time _____
For Office Use Only

You have contacted this nursing home and indicated a desire to be admitted as a resident 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 has been placed on our dated list of applications or inquiry list.

As soon as you substantially complete and return the application to the facility, your name will be placed on our waiting list for admission. Your name will only be placed on our waiting list when you have completed and returned this written application.

If you have any questions or need assistance completing these forms, please contact me, I will be happy to assist you.
Mary Z. Carpenter
Director of Admissions and Marketing

PART ONE

1. Full Name _____
 First Middle Initial Last

Address _____

2. Telephone No. _____ Date of Birth _____ Place of Birth _____

3. Social Security Number _____ Medicare Number _____

4. Other Insurance of HMO _____

5. Marital Status: Single Married Divorced Widowed

6. Present location of applicant _____

7. Persons to contact in emergency: Name _____ Relationship _____

Address _____ Home Phone _____ Work Phone _____

8. Have you applied for Medicaid (Title XIX) Assistance? Yes No Date applied _____

Name of caseworker _____ Phone Number _____

Has Title been granted? Yes No Medicaid (Title XIX) Number _____

PART TWO

1. Applicant is currently at _____
(home, hospital, nursing home)

2. Previous profession or occupation _____

3. Name of Church, synagogue or religious affiliation _____

4. Funeral Home _____ Phone Number _____

Address _____

5. Are you a veteran? Yes No Was your spouse? Yes No

6. Do you have a living will? Yes No If yes, please bring a copy upon admission.

PART THREE - HEALTH HISTORY

1. Present Diagnosis _____
2. Past Medical History _____
3. Name of physician _____
Address _____ Telephone Number _____
4. Have you ever been treated for any nervous or mental disorders? Yes No
If yes, when? _____ Name of physician who treated you _____
Address _____ Telephone Number _____

PART FOUR - FINANCIAL STATEMENT

Monsignor Bojnowski Manor must be satisfied that all third-party payment mechanisms will be taken into consideration (i.e., Medicare/Medicaid, your resources). This is important for your protection and for the protection of Monsignor Bojnowski Manor. All financial information must be provided before an application is deemed complete. Should you desire, arrangements can be made for you to provide the financial information in person. Please give your total income from all sources.

Source	Income
_____	\$ _____ per month
_____	\$ _____ per month
_____	\$ _____ per month

Please give value of your total assets, including securities, bank accounts, real estate, personal property.

Bank Accounts: Savings \$ _____ Stocks/Bonds \$ _____
Checking \$ _____ Other Assets \$ _____
Real Estate: Home #1 \$ _____ Home #2 \$ _____
Life Insurance Policies (Face Amounts): \$ _____ \$ _____
Securities/CDs \$ _____ \$ _____ \$ _____

List debts, obligations, mortgages, etc. in dollar amounts that affect assets or income:

Mortgages \$ _____ **Other Obligations** \$ _____
Debts \$ _____ **Total** \$ _____

Your Bank(s): _____
Name Address Zip
Name Address Zip

If you anticipate or have applied for Medicaid (Title XIX), please answer the following question:

Have you in the past 60 months sold, transferred or given real estate, personal property, cash or other assets to someone else? (If yes, give details) _____

Person responsible for payment of bills:

Financial Guardian Power of Attorney Conservator Relative Friend Self

Name Telephone Number

Address Zip

I understand that Monsignor Bojnowski Manor has a Provider Agreement with the State of Connecticut to provide service to Medicaid recipients pursuant to Title XIX of the Social Security Act and also participates in Medicare pursuant to Title XVII of the Social Security Act.

I have read and understand limitations on advance payments and Advance Payment Policy of Monsignor Bojnowski Manor.

Signed _____ Date _____
Applicant or Responsible Party

Please Note: The Manor is a Smoke Free Facility. All information on this application will be held in confidence.