



APPLICATION FOR ADMISSION TO
MONSIGNOR BOJNOWSKI MANOR
50 Pulaski Street, New Britain, CT 06053
Ph: 860.229.0336 Fax: 860.229.3252

Application Return
Date
Time
For office use only

PART ONE

Full Name
First Middle Last

Address

Telephone No. Date of Birth Place of Birth

Social Security Number Medicare Number

Other Insurance of HMO

Marital Status: Single Married Divorced Widowed

Present location of applicant

Person to contact in emergency: Name Relationship

Address Phone:

Have you applied for Medicaid (Title XIX) Assistance? YES/ NO Date applied:

Name of caseworker Phone:

Has Title XIX been granted? YES / NO Medicaid (Title XIX) Number

PART TWO

Applicant is currently at
(Home, Hospital, Nursing home)

Previous profession or occupation

Name of Church, synagogue or religious affiliation

Funeral Home Phone:

Address

Are you a veteran? YES / NO Was your spouse? YES / NO

Do you have a living will? YES /NO

Do you have a health proxy? YES /NO Do you have a POA (Power of attorney)? Y/N

If yes to any of the above, please bring a copy upon admission.



PART THREE- HEALTH HISTORY

Present Diagnosis \_\_\_\_\_

Past Medical History \_\_\_\_\_

Name of PCP (Physician) \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been treated for any nervous or mental disorders? Yes \_\_\_ / No \_\_\_

If yes, when? \_\_\_\_\_ Name of Physician who treated you \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Does the applicant, require assistance with any of the following (Y or N)

Bathing \_\_\_\_\_, Dressing \_\_\_\_\_, Feeding \_\_\_\_\_, Ambulating \_\_\_\_\_, Toileting \_\_\_\_\_

Current Medication \_\_\_\_\_

\_\_\_\_\_

Special recommendations for placement, hobbies Etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PART FOUR - FINANCIAL STATEMENT/ DISCLOSURE

Monsignor Bojnowski Mano 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 for all sources.

Source	Income
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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
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Name	Address	Zip
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**If you anticipate or have applied for Medicaid (Title XIX), please answer the following questions:**



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)

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**Person responsible for payment of bills:**

Financial Guardian \_\_\_\_\_ POA \_\_\_\_\_ Conservator \_\_\_\_\_ Relative \_\_\_\_\_ Friend \_\_\_\_\_ Self \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

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Address \_\_\_\_\_ Zip \_\_\_\_\_

I understand that Monsignor Bojnowski Manor has a Provider Agreement with the State of Connecticut to provide services 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.