Putnam Ridge Rehabilitation and Skilled Nursing

46 Mt. Ebo Road North
Brewster, NY 10509
(845) 278-3636
FAX (845) 278-9497

PAYMENT SOURCE FOR ADMISSION

Thank you for submitting your application to Putnam Ridge for consideration for admission of your loved one. Before making a final determination, there are a few questions that must be answered along with supporting documentation for submission to the Finance Department.

If your application is accepted, how will your monthly room and board charges be paid? Please select what applies to you below:

_____ **Private Funds** – Please provide a copy of the most current bank statement)

_____ **Long-Term Care Insurance** – Kindly provide a copy of your benefit plan. Please note, you will be billed the difference between Putnam Ridge's private/semi-private room rate and the daily rate your insurance plan covers.

_____ **Medicaid** – Kindly submit a copy of your Social Security check and any additional revenue you receive monthly (i.e., pension check, annuity check, etc.). If your checks are direct deposit into your account, please provide a copy of your most current bank statement.

_____ **Pending the sale of a home** – Please provide a letter from the attorney who is representing you in the sale of the home, along with the name of the realtor who is selling your home and a copy of the multiple listing (MLS).

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APPLICATION

Thank you for your interest in PUTNAM RIDGE. In order to process an individual's request for application, we must have the information below. Please answer all questions carefully. The information contained herein is confidential and constitutes the basis for potential resident admission.

PERSONAL INFORMATION

Name of Applicant: _____
Last First Middle

Home Address: _____

Present Location: _____

Date of Birth: _____ Age: _____ U.S. Citizen: Yes ❑ No ❑

Place of Birth: _____ Religion (optional) _____

Occupation: _____

Attending Physician: _____ Telephone: _____

Date and location of last hospital stay: _____

Preferred Hospital: _____

Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed ❑

Spouse's Name: _____

Address, if living: _____

DESIGNATED REPRESENTATIVE

Name: _____ Relationship: _____

Home Address: _____

Email Address: _____

Phone: (Home) _____ (Cell) _____

Power of Attorney: Yes ❑ Name: _____ No ❑

Guardian: Yes ❑ Name: _____ No ❑

Healthcare Proxy: Yes ❑ Name: _____ No ❑

Applicant's Name: _____

ADDITIONAL CONTACTS

First Contact

Name: _____ Relationship: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Second Contact

Name: _____ Relationship: _____

Address: _____

Phone: (Home) _____ (Cell) _____

PREVIOUS NURSING HOME

Have you previously been in a nursing home? : Yes ❑ No ❑

If so, provide name/location: _____

INSURANCE INFORMATION

Social Security #: _____

Medicare #: _____ Part A: _____ Part B: _____

Medicaid #: _____ County_____ Caseworker _____

HMO: _____ Policy #: _____

Other Insurance: _____ Policy#: _____ Phone: _____

Is Applicant or Spouse a Veteran?: Yes ❑ VA#: _____ No ❑

Applicant's Name: _____

**** PLEASE INCLUDE COPIES OF ALL CARDS ****

MONTHLY INCOME

Social Security Benefits: $_____

Veteran's Benefits: $_____

Pensions (specify): $_____

Railroad Retirement: $_____

Annuity: $_____

Other (specify): $_____

BANK ACCOUNTS

**** PLEASE INDICATE IF THESE ACCOUNTS ARE JOINT ****

Bank	Address	Account #	Type	Balance

DESIGNATED REPRESENTATIVE

Name: _____ Relationship: _____

Address: _____

REAL ESTATE/ASSETS

Do you own real estate Yes ❑ Value: $ _____ No ❑

Do you own Stock/Bonds/CD's?: Yes ❑ (If yes, please fill out below.) No ❑

Name on Asset	Value ($)	Broker/Location

Applicant's Name: _____

TRANSFER OF ASSETS

Has there been a transfer/gifting of assets in the past 5 years? : Yes ❑ No ❑

If yes, date/description: _____

_____

_____

FUNERAL ARRANGEMENTS

Person responsible for funeral arrangements: _____

Name of Funeral Home: _____

Address/Telephone #: _____

Prepaid Burial?: Yes ❑ If yes, amount: $_____ No ❑

ACKNOWLEDGEMENT

I understand that Putnam Ridge will rely upon the accuracy of the information contained in this application form for the purpose of determining when the resident may need financial assistance.

I hereby give Putnam Ridge permission to verify the financial information supplied on the application for admission and further agree that the funds listed will be for the care of the applicant during his/her stay at Putnam Ridge.

_____ _____

Applicant's Signature/Designated Representative Date

Note: THIS FACILITY DOES NOT DISCRIMINATE IN ADMISSION OR RETENTION AND CARE OF ITS RESIDENTS BECAUSE OF RACE, COLOR, CREED, SEX, AGE, NATIONAL ORIGIN, SPONSOR, SOURCE OF PAYMENT, DISABILITY, BLINDNESS, HANDICAP, SEXUAL ORIENTATION, OR MARITAL STATUS.

PUTNAM RIDGE NURSING HOME

Consent for Putnam Ridge Nursing Home to Assist establishing Medicaid Eligibility

Putnam Ridge Nursing Home to Act as My Agent

I hereby give my consent for an authorized representative ofPutnam Ridge Nursing Home to act on my behalf and to assist me in establishing Medicaid eligibility. I permit Putnam Ridge Nursing Home to file appropriate documents and take actions necessary to obtain benefits, and/or to appeal denied benefits for services provided to me under the state's Medicaid program. I consent to having an authorized representative of Putnam Ridge Nursing Home to use my records and execute and file such forms as may be necessary to so act.

I understand that obtaining the assistance of Putnam Ridge Nursing Home does not alter my responsibility and/or that of my representative to satisfy obligations or debts for services and good provided to me by the .

Release of Information

I consent and hereby request authorized personnel from county, state or other agencies responsible for Medicaid to release information concerning my application for Medicaid to authorized personnel of Putnam Ridge Nursing Home. I give permission for all banks, financial and other similar institutions with which I have established accounts or otherwise transact business, or from which I am receiving or am entitled to receive income, and their employees or representatives, to release to authorized representatives(s) of Putnam Ridge Nursing Home all information concerning my finances. I further consent to this information being given by fax, mail, or electronic means. I direct that a photocopy of this consent and authorization may be used in place of the original with the same force and effect.

_____ _____

Resident/Patient Name Date

_____ _____

Resident/Patient or Representative Signature Representative Signature