



Application Checklist

1. Complete the Application form.
2. Complete the Confidential Financial Assessment.
3. Submit financial back-up for your assets and income sources.
4. Participate in an informal admissions interview.

If you have any questions please contact Admissions and Marketing Director,
Lauren Webster (207) 775-7775 x 2224 / Webster@75StateStreet.org





RESIDENT APPLICATION

RESIDENT PROFILE

Name _____ Date _____
Address _____ Birth date _____
Telephone _____ Email _____
Marital Status (single/married/widowed/divorced) _____
Medicare # _____
Other Insurance _____ ID# _____
Social Security # _____

PRESENT LIVING ARRANGEMENTS

In my own home/apartment With a relative/friend Assisted Living
What in-home support services (Meals on Wheels, visiting nurses, PT/OT, medication management, overnight support) do you have presently? _____

OCCUPANCY

75 State Street offers both Independent Retirement and Assisted Living (Residential Care). Please review the information packet for a listing of services in each program. The Admissions Director will review the programs with you to help you decide which best suits your needs.

I am interested in:

Assisted Living Independent Retirement Living Unsure

FAMILY MEMBERS / PERSONAL CONTACTS

Name _____ Relationship _____
Mailing address _____
Email address _____
Mobile phone _____ Home/Office Phone _____

Name _____ Relationship _____
Mailing address _____
Email address _____
Mobile phone _____ Home/Office Phone _____





RESIDENT APPLICATION

RESIDENT PROFILE CONT.

LEGAL AFFAIRS (please provide a copy of all documents prior to move-in)

- I have already completed a document outlining my end of life decisions (Living Will)
- I have already completed a Power of Attorney. Please specify:
 - Durable/Financial, my agent is _____
 - Healthcare, my agent is _____
- I have made a decision with my doctor regarding resuscitation
- I manage my financial affairs independently
- My financial affairs are managed by _____
- I have a Conservator or Guardian. My agent is _____

OCCUPATION PRIOR TO RETIREMENT _____

MEDICAL PRACTITIONERS

Primary Care Physician _____ Phone _____

Dentist _____ Phone _____

Optometrist _____ Phone _____

Other _____ Phone _____

DIETARY

My appetite is Good Fair Poor

Special dietary considerations _____

Allergies _____

Foods unable to tolerate _____





RESIDENT APPLICATION

RESIDENT PROFILE CONT.

COMMENTS

Please use the space below to share any important details that have not been covered in the application form. Please include any medical concerns you would like us to know about including the use of injectable medications or incontinence issues.

SIGNATURES

Signature of applicant _____ Date _____

If other than applicant, the point of contact to follow up on the application:

Name _____ Phone _____

If you have questions about this application or the application process please contact

Lauren Webster, Admissions Director at 207-775-7775 / Webster@75StateStreet.org





CONFIDENTIAL FINANCIAL ASSESSMENT

Please submit financial back up for your monthly income sources and the assets listed.

1. Monthly payment with **private funds**.

2. Long-term care insurance

Private long-term care insurance policies may have provisions for coverage of Assisted Living services.

Name of insurer _____ ID# _____

Contact Person _____ Telephone # _____

We will request a copy of your policy

3. Medicaid

The applicant or responsible party must make application with the Department of Human Services. Once approved, the resident makes a monthly payment to the facility as calculated by the Dept. of Human Services. Medicaid then makes a supplemental payment to the facility.

Status:

Currently receives community Medicaid. ID# _____

Application for assisted living Medicaid coverage made.

Date application filed _____

DHS Caseworker _____

Monthly Income

Social Security _____ Pensions _____

Interest/dividends _____ Alimony _____

State Assistance _____ All other income _____

Total monthly income _____

Assets

Bank Accounts _____ Real Estate (current market value) _____

Stocks, bonds & securities (current market value) _____

Other possessions of significant value _____

Insurance policies _____ Mortuary Trust _____

Total Assets _____

