The Hannah Gray Home

"A 19th Century Dream, A 21st Century Mission"

Admission Application

Thank you for contacting The Hannah Gray Home regarding your desire to be admitted as a resident to this facility. You have been issued a receipt indicating the date and time of your initial request, and your name has been placed on our **INQUIRY LIST**.

Receipt # _____

Please answer all of the questions contained in this application. If an item is not applicable, please write "Not Applicable" or "N/A" in the space provided for an answer. If you need more room to answer any of these questions, you may insert a personal note to this form. After you have substantially completed and returned this form to The Hannah Gray Home, your name will be placed on our waiting list for admission to the facility.

The information presented in this application is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verification. I understand that misinformation or failure to report changes in information shall constitute grounds for rejection of my application.

Signature of Applicant: _____

Signature of Responsible Party: _____

Relationship to Applicant: _____

Please Return to: The Hannah Gray Home, Inc.
235 Dixwell Avenue
New Haven, CT 06511

Tel: (203) 907-4052
Fax: (203) 907-4057
www.hannahgrayhome.com

FOR ADMISSIONS OFFICE USE ONLY

Applicant Name: _____

Placement Date: _____ Time: _____

Placement Date: _____ Time: _____

The Hannah Gray Home

"A 19th Century Dream, A 21st Century Mission"

Legal Name of applicant, as it appears on Medicare or Medicaid card

Last_____First_____

*MI_____

Home Address_____ City_____ County_____

State_____ Zip Code_____ Telephone_____

APPLICANT HISTORY

Has the Applicant previously been in a Nursing Facility? □ Yes □ No

If yes, please list facility name and dates of stay

_____

Social Security Number _____ Date of Birth _____ Sex _____

Primary Language _____ Secondary Language _____

Marital Status _____ Spouse Name _____ Birthplace_____

Education_____ Occupation_____-

Citizenship_____ Maiden_____ Father_____ Mother_____

Religion_____ Funeral Home_____

RESPONSIBLE PERSON(S)

Does anyone hold: □ Power of Attorney □ Conservator of Person □ Conservator of Estate

If yes, please fill out the following and provide copies with your application:

Name_____ Relationship_____

Home Address_____ City_____ County_____

State_____ Zip Code_____ Home Phone_____ Work Phone_____

Name_____ Relationship_____

Home Address_____ City_____ County_____

State_____ Zip Code_____ Home Phone_____ Work Phone_____

Other Contacts:

Name_____ Relationship_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Work Phone_____ Other_____

Name_____ Relationship_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Work Phone_____ Other_____

The Hannah Gray Home

"A 19th Century Dream, A 21st Century Mission"

INSURANCE COVERAGE

Are you a Veteran? □ Yes □ No OR Spouse of a Veteran? □ Yes □ No

Medicare Number_____

Medicaid Number_____ Effective Date_____ County_____

□ Pending Case Worker_____ *Date

Applied_____

Other Medical Insurance_____ Policy Number_____

Prescription Coverage_____ Policy

Number_____

Medicare Part D Plan ID_____ Group

Number_____

Long Term Care
Insurance_____

(You are responsible to contact upon admission)

CONFIDENTIAL FINANCIAL INFORMATION

Monthly Income	Applicant	Spouse
Salary	$_____	$_____
Social Security	$_____	$_____
Retirement Pension	$_____	$_____
Veteran Pension	$_____	$_____
(IRA, Trust, Etc…)	$_____	$_____
401K (Other)	$_____	$_____
Other Income (Specify)	$_____	$_____
Total Monthly Income	$_____	$_____

Assets	**Check if Applicable**	**Approximate Value**	**Name(s) Owner**
Owns Real Estate _____	_____	$_____	
Life Insurance (cash value) _____	_____	$_____	
Trust Account/Type _____	_____	$_____	
Stocks/Bonds _____	_____	$_____	
Annuities _____	_____	$_____	

The Hannah Gray Home

"A 19th Century Dream, A 21st Century Mission"

Pre-paid Funeral Home _____ $_____

_____

(Please list)

Bank Accounts (Checking, Savings, Other)

(Please list)

Names on Account	**Type**	**Approximate Value**
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
	Total Assets	$_____

Have any assets been transferred from the Resident to others in the last 60 months?

☐ Yes ☐ No

Are you currently working with an attorney? ☐ Yes ☐ No

If yes, name of firm_____how long have you been working with this Attorney/Firm_____and reason for retaining:

☐ Nursing Home Placement

☐ Real Estate ☐ Trust Fund/Account ☐ Personal ☐

Other_____

CONFIDENTIAL HEALTH HISTORY

Please list dates and nature of major illnesses, hospital stays, operations or therapy treatments:

Date:	Description
_____	_____
_____	_____
_____	_____

What medications do you presently use? Please list both prescription and non-prescription meds.

Prescription	Non Prescription
_____	_____
_____	_____

The Hannah Gray Home

"A 19th Century Dream, A 21st Century Mission"

_____ _____

_____ _____

Have you ever been treated for mental illness, a nervous condition or psychosocial behavior?

□ Yes □ No If Yes, where and when?

_____

_____

Can you care for yourself completely and without assistance?

□ Yes □ No If No, what assistance do you require?

_____

_____

Do you any of the following advance directives regarding health care?

□ Health Care Agent □ Eye, Organ or Body Donations

□ Durable Power of Attorney for Health Care □ Living Will

*Please enclose a copy of any advance directives you do have with your application.