

Date / Time Received

Initials

CONFIDENTIAL PLACEMENT APPLICATION FOR HAINES ASSISTED LIVING COMMUNITY

This is not an application for admission and it is not a binding contract by either party. The purpose of this form is to:

- *Establish your placement priority on our wait list based on the date we receive this form, provided you meet the admission requirements.*
- *Determine your ability to pay for services.*

HAL is a bright, attractive and comfortable elder care community for individuals who are 62 years of age or older and wish to balance individual privacy with participation and engaged living. All residents will be encouraged to participate in the daily household life of our community; basic services for all residents will include all meals, basic housekeeping services, laundry, access to a variety of activities, and administration of medication under the supervision of a nurse, if necessary and based upon your plan of care.

The projected base fee is estimated to be \$5,500 a month for a single. Actual costs may be in excess of \$5,500, as it will be based upon your specific health care plan needs. Your level of care will be assessed upon admission, then reassessed every 3 months or sooner if necessary.

There are total of 8 residences, 6 single and 2 double residences; we are licensed for 10 individuals whom are 18 years or older who have physical disability, are elderly or suffer from dementia but who are not diagnosed as chronically mental ill.

Receipt of this information will place you on our waiting list for a private residence within our community. Prior to move-in, a more complete and detailed process for admission will be required which will include medical history and a care plan if necessary.

If you decline an offer of admission, or you cannot move in within 30 days of an opening, your priority will be maintained for the next available vacancy.

Name of Potential Resident: _____

Name of Contact (If not same as resident): _____

Contact Address: _____

Contact Telephone: _____

Contact Email (If Available): _____

Resident's Date of Birth _____ Male Female

Haines Borough or Klukwan Resident? Yes No Since _____

State of Alaska Resident? Yes No Since _____

Are you currently homeless as defined by HUD? Yes No

Have you ever been found guilty of any offense under Federal or State Law involving crimes of violence, sexual assault, arson, or crimes against persons? Yes No

FINANCIAL RESOURCES: It is anticipated that the base fee for residence, general attendant services, meals and activities will be approximately \$5,500 per month for a single. Please mark which sources of funds you or the resident would use to pay this monthly cost:

Current finances/cash flow from the following (mark all that apply):

<input checked="" type="checkbox"/> Income Source	Est. Monthly Income 2017	Est. Monthly Income 2018	Est. Monthly Income 2019
Social Security Income			
Native Corporation Income			
Employment/Job			
Pension/Retirement Income			
Adult Public Assistance			
Supplemental Security Income (SSI)			
Alaska Perm. Fund Dividend			
Alaska Senior Benefits Program			
Investment Income			
VA/Disability			
Assistance from Family Members			
Don't Know			
Other (please explain)			
TOTAL ESTIMATED PROJECTED MONTHLY INCOME:			

Medicaid Yes No

Medicaid Choice Waiver Yes No Don't know
Care Coordinator Agency or individual _____

Medicare Part A Medicare Part B Medicare Part D Prescription

Medicare Supplemental Insurance (such as AARP) Yes No Plan Type _____

Long-term care insurance Estimated Monthly benefit _____ Duration _____

Other healthcare insurance (please explain) _____

Real Estate Value? _____

Support from family members

I do not have sufficient resources to meet these costs and will need financial assistance.

If support of family members is marked above, please provide contact information:

Name _____

Address: _____

Telephone: _____

Does someone have Power of Attorney for health care or financial decisions?

Yes No Name: _____

TIMELINE: Please mark the answer that best applies to your situation:

I anticipate moving into the residence:

- immediately
 within 1 year
 1 – 3 years
 3 – 5 years
 other (please specify) _____

Please describe any additional services the potential resident will require:

All responses will be kept strictly confidential. Results will be reported as totals to protect the identity of those responding. No personal information will be listed on any reports, and the information provided will only be used for the purposes of determining occupancy.

SIGNATURE/CONFIRMATION: I understand that at this time the basic fee is \$66,000 annually and the full range of services at the community may exceed this amount. I am willing to provide documentation of my financial resources to determine my ability to pay. I understand that if I provide false information on this placement form at this date I will lose my priority on the wait list.

Thank you for providing this information. Haines Assisted Living, Inc. agrees NOT to divulge this confidential personal information without the written permission of the undersigned.

Signature _____ Date: _____

Please mail the completed form to:

Haines Assisted Living Inc.
P.O. Box 916
Haines, AK 99827
Phone (907) 766-3616 or FAX (907) 766-3617

