

Date / Time Received

Initials

CONFIDENTIAL PLACEMENT APPLICATION FOR HAINES ASSISTED LIVING COMMUNITY (HAL)

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.*
- *Determine your ability to pay for services.*
- *Provide you with important information.*

Based on the date we receive this form and review of all pertinent information with final approval reserved to our Nurse Administrator for admission (which may include a personal visit and interview) a date will be established for your placement on the HAL occupancy wait list. You will be kept fully informed when this date is finalized.

HAL is a private, nonprofit 501(c)(3) corporation. We strive to provide a bright, attractive and comfortable elder care community for individuals who are 62 years of age or older. HAL employs a full time nurse administrator and a second part time nurse. Our nurse staff is experienced in trauma emergency care and long-term health care that diligently work with you, your doctor and family members to provide the best care possible while you're at HAL.

Each HAL Personal Assistant (PA) is a highly trained individual but more importantly all employees have what we identify as the "caring gene". This compassion for our residents we believe is necessary to maintain the highest living standard possible for those in our care.

Services provided could include resident assistance with administration of medication, HAL nurses manage all medications as per your plan of care (POC); PA's provide basic living services which include; nutritious meals, housekeeping services and laundry. Based upon your POC other Adult Living Services (ADL's) are available to help you maintain a high quality of life while living at HAL.

All residents are encouraged to participate in the daily household life within our community. Social events (exercise programs, monthly ice cream socials, Monday night music, sing along Thursday as examples), and planned outings are available. Transportation in our four-wheel drive handicap vehicle can provide a safe and easy ride to a doctor or dental visit, hair shop appointment, senior center activity, shopping excursion or other community event.

Physical therapy, occupational therapy, pedicure and manicure services as well as hair salon accommodations are available by licensed professionals that come to HAL to assist residents.

The projected base fee is estimated to be \$5,500 a month for one person a month (Assisted Living Service Fee (ALSF) \$4,000 + \$1500 a month rent). For double occupancy the rental fee is an additional \$500 + ALSF. Actual costs may be in excess of the base fee depending on the number of adult daily living activities (ADL's). ADL's will be based upon your specific health care plan. The POC is developed in cooperation with you and the HAL Nurse Administrator, in most cases recommendations from your doctor who may have input and

recommendations. Your level of care will be assessed upon admission, reassessments for your care may occur every 3 months or as necessary.

There are total of 8 residences, 6 single and 2 double residences at HAL; we are licensed for 10 individuals who have physical disability, are elderly that may suffer from Alzheimer's or dementia or have some memory loss 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 plan of care are 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 person occupancy (second person \$4500 a month). 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.

Please provide contact information of primary family members

Name _____

Address: _____

Telephone: _____

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

Yes No Name: _____

Do you have an Advanced Health Care Directive?

Yes No

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 for a single apartment for one person and the range of services at HAL may exceed this amount with a double occupancy of \$54,000 for the second person. 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 Ext #4 or FAX (907) 766-2014

