

# Resident Profile

## A History of Gracious Living



*St. Dominic's - Portland*

SEVENTY-FIVE STATE STREET

# Preliminary Admission Information

## Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Marital status:  Single  Married  Widowed  Divorced  
Medicare # \_\_\_\_\_ Blue Cross Certificate # \_\_\_\_\_  
Other insurance \_\_\_\_\_ ID# \_\_\_\_\_  
Social Security # \_\_\_\_\_

## Present Living Arrangements

- In my own home/apt.  With relative/friend  Assisted Living  
 Support services such as Meals on Wheels or Homemakers come to my home.

## Occupancy

Seventy Five State Street has both Independent and Assisted Living (Residential Care).  
The Marketing Director will review the programs with you to help decide which best suits your needs.  
Review the information packet for a listing of services in each program.

I am interested in:

- Assisted Living  Independent Living  Unsure

## Family Members/Personal Contacts

Completely list family members and/or friends whom we should contact on your behalf in the event of an emergency or situation requiring intervention.

Name	Relationship	Address	Phone (home & work)



## Comments

Please use the space below to record any important details that have not been covered in the application form:

## Admission Process

1. Complete and submit preliminary admission form.
2. Submit medical information from your physician, including your most recent history and physical exam.
3. Participate in an informal admissions meeting with two of our staff members.  
After completing the above process we will respond within two business days to inform you of our decision to accept the application or report any concerns we may have in meeting the needs of the applicant.

## Signatures

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

If other than applicant, name of person to contact in follow up to the application:

Name \_\_\_\_\_ Phone \_\_\_\_\_

If you have any questions about the information requested or need help in completing this application, please do not hesitate to call us @ 207-775-7775.



# Confidential Financial Assessment

There are three methods of payment for the cost of Assisted Living. Please indicate your proposed method of payment and complete the appropriate information.

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 \_\_\_\_\_ Tel. # \_\_\_\_\_

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		Assets	
Social Security	_____	Bank Accounts	_____
Pensions	_____	Real Estate	_____
Interest/dividends	_____	(current market value)	
SSI	_____	Stocks, bonds,	_____
State Assistance	_____	& securities (current market value)	
All other income	_____	Other possessions	_____
Total monthly income	_____	of significant value	
		Insurance policies	_____
		Mortuary Trust	_____
		Total Assets	_____