



HATTIE IDE CHAFFEE HOME
APPLICATION FOR ADMISSION

1. APPLICANT INFORMATION

Name: _____

Date of Birth: _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Marital Status: Single Married Widowed Divorced

Are you currently living in a nursing facility (if yes, which?): _____

Have you previously lived in a nursing facility (if yes, which?): _____

2. INSURANCE INFORMATION *(please provide copies of all insurance cards)*

Medicare:

ID#: _____

RI Medicaid:

ID#: _____

Primary Insurance:

Company: _____

Policy #: _____

Secondary Insurance (if applicable):

Company: _____

Policy #: _____

Long Term Care Insurance:

Company: _____

Policy #: _____



3. EMERGENCY CONTACTS

Responsible Party: _____

Relationship to Applicant: _____

Phone number: _____

Email Address: _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Power of Attorney for Health Care: _____

Power of Attorney for Financial: _____

4. PHYSICIAN INFORMATION

Primary Care Physician: _____

Phone number: _____

Specialist(s) (if applicable): _____

5. FUNCTIONAL STATUS

Mobility:

Independent Cane Walker Wheelchair Bedbound

ADL Assistance Required (check all that apply):

Bathing Dressing Toileting Transfers Eating

Cognitive Status:

Alert & Oriented Mild Impairment Dementia Other



6. CLINICAL NEEDS

Does the applicant require:

- Oxygen
- Wound care
- IV therapy
- Feeding tube
- Dialysis
- Behavioral support

Please provide any relevant details:

Allergies: _____

7. MEDICATIONS *(attach medication list if available)*

Pharmacy Name: _____

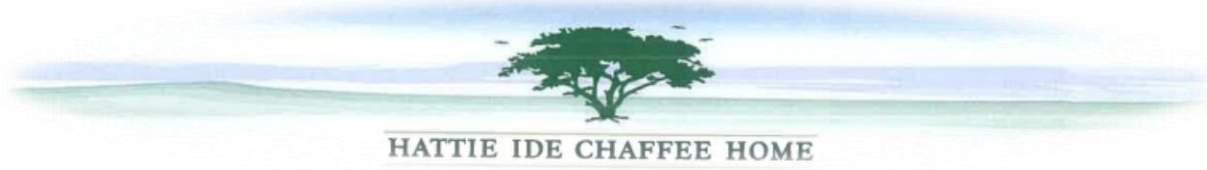
Pharmacy Phone: _____

8. DIETARY PREFERENCES

Regular Mechanical Soft Ground Kosher Other: _____

Does the applicant require 1:1 feeding? _____

Special Needs / Requests:



9. FINANCIAL INFORMATION (please see HIC Financial and Clinical Fact Sheet [page 7] to learn about which assets are and are not considered during our applicant review)

Are applicant's assets held individually? Yes No

If No, name of co-owner? _____

Does applicant have a Trust? Yes No Type of Trust: _____

Has the applicant sold a home or transferred assets to anyone in the last 5 years? Yes No

If Yes, please provide details: _____

Does applicant have a prepaid funeral? Yes No

Monthly Income:

Social Security: \$ _____ Pension: \$ _____

Annuitized annuity: \$ _____ Other (please explain): \$ _____

Overview of Assets (please provide documentation supporting amounts listed below):

Checking Account(s): \$ _____ Savings Account(s): \$ _____

Investment Portfolio: \$ _____ Deferred Annuities: \$ _____

Life Ins. cash surrender value: \$ _____ LTC Ins. (total value): \$ _____

Other (please explain): \$ _____

Real Estate:

Does the applicant own a home? Yes No

Address (if different than stated in Section 1): _____

Is property jointly owned? Yes No If Yes, name of co-owner? _____

Is property currently occupied by anyone other than applicant? Yes No

If Yes, by whom is it occupied? _____

Remaining Mortgage on property: \$ _____



10. What Brings You To Hattie Ide Chaffee Home?

Your answers in this section help us navigate our perception in the community, gauge what we are doing well, and areas where we can improve.

Please select all that apply:

- HIC's reputation for exceptional care and clinical excellence
- Recommendation from a previous or current resident

If so, who recommended us? We would love to thank them! _____

- HIC Arts Academy
- HIC Garden Club
- Kosher Food Program
- Private Rooms
- Quality Food
- Positive experience with HIC's Rehabilitation Services (yourself or a friend/family)
- Other _____



11. CONSENTS & AUTHORIZATION

I hereby certify that the above information is accurate and complete as of this date. I understand that The Hattie Ide Chaffee Home relies on the accuracy and completeness of this information to make an appropriate decision on the prospective resident's admission.

The Hattie Ide Chaffee Home may request documentation relating to any statements made herein.

Applicant Signature

Date

Applicant Representative Signature

Date



HATTIE IDE CHAFFEE HOME

LONG TERM CARE ADMISSION

FINANCIAL AND CLINICAL FACT SHEET

May 2026

It is the policy of the Hattie Ide Chaffee Home that **only the prospective resident's own resources** be considered as a part of the admissions review process. The Hattie Ide Chaffee Home **does not accept private payment from family members** as a payer source for residence at the Home.

If family members independently choose to support their loved one financially, that is a private family decision, and any funds legally transferred to the resident may affect the resident's available resources and payment options.

Admission decisions are based on Hattie Ide Chaffee Home's standard clinical, operational, and financial criteria applied consistently to all applicants.

FAQS:

- Q: "Can we help Mom/Dad financially?"
- A: We appreciate your willingness to help. Family members are free to support their loved one as they choose. Any transfers should be discussed with your legal or financial advisor, as they may affect Medicaid eligibility or taxes. For planning purposes, our financial review is solely based on the residents' resources once legally available to them. Informal future assistance cannot be the basis of a financial approval decision.
- Q: "Are there any clinical conditions that may make a resident an imperfect fit for the care offered at Hattie Ide Chaffee?"
- A: At Hattie, we strive to provide excellent continuity and care for your loved one. However, some individuals may have medical conditions that are outside Hattie's scope of practice. These conditions include, but are not limited to, tracheostomy care and ventilation.