



# Garvey Manor Nursing Home & Our Lady of the Alleghenies Residence

1037 South Logan Boulevard \* Hollidaysburg, Pa. 16648 \* (814) 695-5571

## ADMISSION APPLICATION AGREEMENT

Date: \_\_\_\_\_

This Application Agreement is made between

\_\_\_\_\_ (Applicant who is seeking to become a "Resident"), and/or  
\_\_\_\_\_ ("Representative"), who has lawful access to Resident's financial resources available to pay for services provided to Resident, and **Garvey Manor** ("Home").

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ US Citizen: \_\_\_\_\_ if No, Citizen of: \_\_\_\_\_

**MARITAL STATUS:**  Never Married  Married - date of marriage: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Separate  Divorced  Widowed -date of spouse's death: \_\_\_\_\_ Other Last Name used: \_\_\_\_\_

### APPLICANT'S PRIMARY REPRESENTATIVE (CONTACT PERSON)

Name (include spouse's first name): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Power of Attorney  yes  No

### APPLICANT'S REPRESENTATIVE FOR FINANCIAL AFFAIRS (IF DIFFERENT THAN ABOVE)

Name (include spouse's first name): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Power of Attorney  yes  No

### ADDITIONAL PERSONAL CONTACTS (FAMILY MEMBERS or OTHERS) See supplemental info sheet if more space is needed

Name (include spouse first name): \_\_\_\_\_ Relationship : \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name (include spouse first name): \_\_\_\_\_ Relationship : \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PRIMARY CARE PHYSICIAN**

Physician : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**WORK HISTORY**

Profession and last employer: \_\_\_\_\_ Date retired: \_\_\_\_\_

Was applicant in the Military Service: \_\_\_\_\_ Date and branch of service: \_\_\_\_\_

Was applicant's spouse in the Military Service: \_\_\_\_\_ Date and branch of service: \_\_\_\_\_

**MEDICAL INSURANCE**

Social Security #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

BC/BS #: \_\_\_\_\_ Group #: \_\_\_\_\_ Plan: \_\_\_\_\_

Other medical insurance: (specify) Type: \_\_\_\_\_ Policy \_\_\_\_\_

Other medical insurance: (specify) Type: \_\_\_\_\_ Policy \_\_\_\_\_

**CURRENT FINANCIAL RESOURCES**

Social Security: Amount \_\_\_\_\_/mo.

Pension Income (specify) Type: \_\_\_\_\_ Amount \_\_\_\_\_/mo. Railroad Retirement: \_\_\_\_\_/mo.

Other Income/mo. (specify) Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Other Income/mo. (specify) Type: \_\_\_\_\_ Amount: \_\_\_\_\_

**At what financial institutions do you maintain accounts?**

Name of Institution: \_\_\_\_\_ Type account \_\_\_\_\_ Amount \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Type account \_\_\_\_\_ Amount \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Type account \_\_\_\_\_ Amount \_\_\_\_\_

**Additional Assets**

Stocks/Annuities: Value: \_\_\_\_\_ CD's: Value: \_\_\_\_\_ Bonds: Value: \_\_\_\_\_

If you own real estate - Type: \_\_\_\_\_ Approximate value: \_\_\_\_\_

**LONG TERM CARE INSURANCE** If applicant has a current long term care policy

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Per Diem Rate: \_\_\_\_\_

**LIFE INSURANCE**

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Face Amount: \_\_\_\_\_

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Face Amount: \_\_\_\_\_

**BURIAL ARRANGEMENTS**

Funeral Home: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Cemetery: \_\_\_\_\_ Lot Owner: \_\_\_\_\_

Are arrangements already on file with the funeral home?  no  yes – If yes, are arrangements prepaid?  no  yes

Is there a prepaid funeral policy?  no  yes - If yes, amount: \_\_\_\_\_

**TERMS OF AGREEMENT**

WHEREAS, the information and disclosures provided in this Admission Application Agreement by the Applicant who seeks to become a Resident (hereinafter Resident) and/or his/her Representative are made to assist the Home in considering the Resident for admission into the Home.

WHEREAS, the Home relies on this Application Agreement, among other factors, for determining whether to admit the Resident into the Home in accordance with the terms and conditions of the Nursing Home Admission Agreement (hereinafter "Admission Agreement").

WHEREAS, the Home shall keep all information and disclosures in this Application Agreement confidential and include the Application Agreement as part of the Admission Agreement.

WHEREAS, the Resident and/or Representative authorizes Home to obtain financial information from the financial institutions or other institutions identified on this Application Agreement and agrees to execute any releases required by the Home for the purpose of verifying any and all representations regarding Resident's financial resources and assets that Resident and/or Representative has made in the Application Agreement.

THEREFORE, the Resident and/or Representative provides the requested information to the Home for consideration in the Admission Application review process. The Resident and/or Representative acknowledge and attest that the information and disclosures provided are true and correct to the best of his/her/their knowledge and belief.

Resident and/or Legal Representative acknowledge that he/she/they understands that the information and disclosures provided in this Application Agreement do not obligate the Home to accept the Resident for admission and are used only in the admission decision-making process.

**THE DEFICIT REDUCTION ACT OF 2005 SUMMARY**

On February 8, 2006, the Deficit Reduction Act of 2005 (DRA) came into effect severely restricting Medicaid (Medical Assistance) eligibility for many elderly by drastically changing the Medicaid Asset Transfer laws. The DRA results in three major changes to the Medicaid application process:

The Look-Back Period: The look-back period increased to five years. Under the prior law the look-back period was three years for transfer of assets to individuals and five years for transfers to a trust. The Medicaid application process time increased as applicant for Medicaid put together a five year financial history accounting for the use and transfer of assets. Transfer of assets and inappropriate use of funds can result in Medicaid eligibility denial.

The Penalty Period: Under prior law the penalty period commenced on the first day of the month in which the transfer of assets occurred. Nursing home residents had to maintain enough funds to private pay until the penalty period expired and Medicaid eligibility could begin. Now the penalty period won't commence until the individual is otherwise eligible for Medicaid benefits except for the asset transfer, meaning that the individual must be both residing in the nursing home and below the resource limit before the penalty clock will begin.

The Valuable Home Rule: Under prior law, the homestead was an exempt asset and Medicaid benefits could be secured regardless of the value of the home. The Deficit Reduction Act now provides that if seniors have equity in a home exceeding \$500,000, they will be automatically ineligible for Medicaid benefits.

Garvey Manor Nursing Home cannot provide care and services unless a payment source is assured. This includes the potential that a Resident may require Medical Assistance sometime in the future, if not at the time of admission.

Therefore, because of the DRA, we require that the existence of any gifts, asset transfers or the like be disclosed at the time of the application for admission. Please be advised that at the time of admission you will be asked to sign a contract with Garvey Manor guaranteeing that no asset transfers that affects Medicaid eligibility have already taken place or will take place in the future. We must be sure that no activity has or will occur that might leave a resident ineligible for Medicaid benefits once funds have been exhausted. If you have any questions, please contact the Admissions Office.

Applicant/ Responsible Party fully discloses transfers of assets in the last 5 years. Include value and date of transfer:

Cash \_\_\_\_\_ Real estate \_\_\_\_\_

Bank accounts /CD's/IRA's/Trust funds \_\_\_\_\_

Stocks/Bonds \_\_\_\_\_

Other \_\_\_\_\_

**DECLARATION AND SIGNATURE**

I have read and I understand the above information regarding the Terms of Agreement, the Deficit Reduction Act of 2005, the summary of Admission Policies and Scope of Services, including the Policy Statement regarding Resident Resuscitation.

By signing below, the Resident and/or Representative certifies that the information and disclosures provided in this Application Agreement are true, correct and complete to the best of his/her/their knowledge and belief. Any false information, misrepresentation of information or lack of disclosure in this Application Agreement may result in the rejection of the Resident's application and/or the termination of the Admission Agreement and/or legal proceedings, at any time Garvey Manor Nursing Home learns of the false information, misrepresentation, or lack of disclosure.

Note: This Application Agreement form must be completed in its entirety and to the best of your ability, before the resident can be considered for admission to this facility.

Copies of the following documents must be provided upon request to have this Application Agreement considered complete:

1. Picture identification of the Applicant
2. Social Security Card, Medicare Card, BC/BS cards, and/or other insurance cards.
3. Ambulance membership card, if present
4. Power-of-Attorney, if one has been executed
5. PACE, Medicare D or other pharmacy card, if present
6. Living Will – or – Durable Power-of-Attorney for Healthcare, if executed
7. In addition, if applicant is anticipating Medicaid benefits, a list of other needed documentation will accompany the Medicaid application.
8. Copies of financial resources verification may be requested.

IN WITNESS WHEREOF, the parties, intending to be legally bound hereby, have signed this Application Agreement

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

FOR GARVEY MANOR

\_\_\_\_\_  
Applicant seeking to become a Resident

By: \_\_\_\_\_

-or-

\_\_\_\_\_  
Representative of Applicant

Title: \_\_\_\_\_

\_\_\_\_\_  
Relationship

Date received: \_\_\_\_\_

Date Application Agreement considered complete: \_\_\_\_\_

**GARVEY MANOR NURSING HOME ADMISSION APPLICATION  
SUPPLEMENTAL INFORMATION SHEET**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Religion: \_\_\_\_\_ Church or Place of Worship: \_\_\_\_\_  
Primary Language: \_\_\_\_\_  
Tobacco use: \_\_\_\_\_ Alcohol use: \_\_\_\_\_

**OTHER CONTACTS - FAMILY MEMBERS** : (not already listed on application)

Name (include spouse first name): \_\_\_\_\_ Relationship : \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name (include spouse first name): \_\_\_\_\_ Relationship : \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name (include spouse first name): \_\_\_\_\_ Relationship : \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Total number of siblings: \_\_\_\_\_ Names of living siblings: \_\_\_\_\_  
Names of deceased siblings: \_\_\_\_\_

Total number of children: \_\_\_\_\_ Names of living children not listed as contacts on Application or above \_\_\_\_\_  
Names of deceased children: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

- No schooling       8<sup>th</sup> grade or less       grade 9 – 11       High school graduate  
 Tech/Trade school       Some College       Bachelor's Degree       Graduate degree  
 Other: \_\_\_\_\_

**INTERESTS / LEISURE ACTIVITIES:** (Please describe)

- Television \_\_\_\_\_  Music \_\_\_\_\_  
 Reading \_\_\_\_\_  Games (cards, etc) \_\_\_\_\_  
 Hobbies/Crafts \_\_\_\_\_  Sports \_\_\_\_\_  
 Leisure Activities \_\_\_\_\_  
 Other current or past interests : \_\_\_\_\_

Is applicant a member of any organizations/groups?  No  Yes, \_\_\_\_\_  Current  Past  
Does applicant speak a foreign language?  No  Yes, \_\_\_\_\_  
Does applicant have a preference for male or female caregivers?  No  Yes \_\_\_\_\_

**DIETARY HABITS:** Diet: \_\_\_\_\_

Eats by self       Requires assistance with eating       Must be fed       Not able to eat – requires tube feeding

Food allergies: \_\_\_\_\_

Food likes: \_\_\_\_\_

Food dislikes: \_\_\_\_\_

Beverage preferences: \_\_\_\_\_

Usual breakfast: \_\_\_\_\_

Snacks: \_\_\_\_\_

**FUNCTIONAL STATUS:**

Hearing:  Some loss    Rt.\_\_\_\_    Lt.\_\_\_\_     Total loss    Rt.\_\_\_\_    Lt. \_\_\_\_

Hearing aid    Rt.\_\_\_\_    Lt.\_\_\_\_     No Loss

Teeth:     Natural                       Upper                       Lower

Dentures                       Upper                       Lower

Partial                         Upper                       Lower

No teeth                        Upper                       Lower

Vision:     No problems     Glasses for reading     Glasses at all times     Blind    Rt.\_\_\_\_    Lt.\_\_\_\_

**COMMUNICATION / ORIENTATION:**     Oriented to time     Oriented to self     Oriented to others (family)

Oriented to place     Confused    Memory loss:     Short term     Long term

Speech clear     Speech mumbled / slurred     Unable to speak

Usual mood: \_\_\_\_\_

Usual daily routine: \_\_\_\_\_

Physical activity \_\_\_\_\_

Please include anything else that may help us provide care or services.



*Garvey Manor Nursing Home  
& Our Lady of the Alleghenies Residence*

*1037 South Logan Boulevard \* Hollidaysburg, Pa.. 16648 \* (814) 695 5571*

Dear

Enclosed are application forms for admission to Garvey Manor, which you recently requested.

The application is in two parts – the application itself to be completed by the applicant or their responsible party; and a Medical Report to be completed by the applicant's physician. If the applicant is presently a patient in the hospital, a Medical Transcript should be requested when a vacancy occurs, and there is no need to complete the Medical Report. Both parts must be returned to us before the application can be considered activated.

Enclosed is information that explains the admission policies and procedures of Garvey Manor; and admission rates with a list of charges. In addition, we are a Medicare and Medicaid approved facility, with those options available as a payment source.

We do retain an active waiting list, however, each individual's needs and priorities are taken into account at the time a vacancy would occur. If you are considering application in the near future, it is very important that we have the enclosed forms on file so that we can process the application. If you would like to have a personal interview, an appointment can be arranged upon your request.

If we can assist you further, please feel free to contact the Admissions Social Service Department.

Sincerely,

Patricia L. Way  
Admissions Coordinator

Enclosures