

Dear Potential Resident,

Thank you for your interest in New England Homes for the Deaf. Please find our facility informational brochure along, with an admissions application, and a list of necessary documents we will need in order for us to proceed. Please note the list of documents is required (they are not optional) and without them we will not be able to process your application.

If you have questions or concerns about any of the forms, please do not hesitate to contact us. You are encouraged to visit our facility before you apply for admission in order to tour our buildings and meet with our residents and staff. We look forward to meeting you and again thank you for your interest in our home.

Sincerely,

Jenna Arnold

Jenna Arnold
Admissions Coordinator
Director of Social Services
Community Supports Service Coordinator
(978)774-0445 ext.352
Jarnold@nehd.org

Date _____

LONG TERM CARE/ RESIDENTIAL CARE APPLICATION

Patient Information

Name _____ D.O.B. _____ Age _____ Sex _____
Address _____ Marital Status _____
Primary Care Physician _____

Health History/Status

Functional Status

Cognitive Status, Interests, etc.

Next of Kin

1) Name _____ Hcp, POA, Guardian _____
2) Name _____ Hcp, POA, Guardian _____
Address _____ Address _____
Telephone _____ Telephone _____

Financial Information

Medical Insurance _____ Medicare _____
LTC Insurance _____
Private Funds (estimated) _____ Mass Health/Medicaid _____

FINANCIAL DATA

Name of the applicant:

Information on this page is necessary for admission determination.

Section A. INCOME	Yes/No	\$\$/month	Provide
Social Security	_____	_____	Copy of the check
SSI	_____	_____	Copy of the check
Veterans Benefits	_____	_____	Copy of the check
Pension	_____	_____	Copy of the check and contract
Annuity	_____	_____	Copy of the check and contract
Other (indicate)	_____	_____	Copy of the check and contract
Section B. ASSETS			
	Yes/No	\$\$/Market Value	Provide
Residence – own	_____	_____	Last property tax bill
Other real estate	_____	_____	Last property tax bill
<i>Bank accounts:</i>			
Checking	_____	_____	Latest statement(s)
Savings	_____	_____	Latest statement(s)
Certificates of deposit	_____	_____	Latest statement(s)
<i>Investments:</i>			
Stocks	_____	_____	Latest statement(s)
Bonds	_____	_____	Latest statement(s)
Life Insurance	_____	_____	Copy of policy
Prepaid burial account	_____	_____	Copy of contract or latest statement if bank account
Other: Specify	_____	_____	