

THE FRIENDLY HOME

Name: _____ Social Security Number: _____

Address: _____ Zip _____

Telephone #: _____ County of Residence: _____

DOB: _____ Marital Status: M W D S Sex: M F

Religion: _____ Place of Worship: _____

U. S. Citizen: Y N If naturalized citizen, date: _____

Occupation: _____ Employer: _____

Is the applicant currently working: Y N Is the applicant's spouse currently working? Y N

Is the applicant a veteran: Y N Is the applicant's spouse a veteran? Y N

Current location of Applicant: _____

If the applicant is currently hospitalized or has been hospitalized within the past 30 days, please complete the following:

Name of Hospital: _____ Dates of Stay: _____

Reason for Hospitalization: _____

Has the applicant had a previous nursing facility stay? Y N

If yes, please give the name of the facility and dates of stay: _____

Please list names of Physicians including specialists and dentist (use separate sheet, if necessary)

<u>Name</u>	<u>Specialty</u>	<u>Telephone/Fax Numbers</u>

Have Advanced Directives been established (MOLST, Living Will, DNR, Health Care Proxy)? Please provide copies.

Please list: _____

Please provide a copy of the Advanced Directives at the time of admission.

Name of Funeral Home: _____ Telephone Number: _____

Has a pre-need burial account been established? Y N

Is this account irrevocable? Y N

Insurance Coverage for Applicant: Please provide a copy of all cards (both sides)

Medicare: _____ Part A: Y N Part B: Y N

Medicaid: _____ County: _____

Does the applicant have a Medicaid Managed Long Term Care Plan? (ie. Fidelis, I-Circle) Y N

If yes, which plan? _____ Case Manager Name and Number: _____

Health Insurance: _____

Case Worker Name: _____ Telephone Number: _____

Other Insurance: _____

Medicare D Plan (prescription plan): _____

Long Term Care Insurance (please include a copy of the policy): _____

SNF daily rate: _____ Lifetime Benefit: _____ NYS Partnership Plan: Y N

Primary Contacts: Please list in order to be contacted (Use a separate sheet, if necessary)

Name: _____ Relationship: _____

Address: _____ Zip _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Power Of Attorney: Y N Health Care Agent: Y N

Name: _____ Relationship: _____

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Power Of Attorney: Y N Health Care Agent: Y N

Fiscal Agent: (manages financial obligations for applicant)

Name of Power of Attorney/Guarantor: _____

Relationship: _____

Address: _____ Zip _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Has a conservator/guardian been appointed? Y N **(Please provide a copy)**

Has the applicant gifted or transferred anything out of his/her name, money or property, greater than \$2,000? If yes, please explain and provide dates of transfer:

Has the applicant given away any cash, or sold/transferred any cash, real estate, income or personal property in the past or created a trust in the past 60 months ? Y N If yes, please explain:

Please list any and all trusts the applicant has created or to which they contributed assets. *Please provide a copy of all trust documents.*

	Trustee	Beneficiaries	Date Created/Funded
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

Has the applicant consulted with an attorney or financial advisor regarding payment for nursing home care? If yes, please provide name and telephone number: _____

Financial Information – If married, please include financial information for spouse

Monthly	Applicant	Spouse
Salary	_____	_____
Social Security	_____	_____
Retirement Pension	_____	_____
Veteran’s Benefits	_____	_____
Interest/Dividends	_____	_____
Other	_____	_____
Total Monthly Income	\$ _____	\$ _____

Assets		Amount
Life Insurance (cash value)	Y N	_____
Checking Account	Y N	_____
Name of Bank: _____		
Savings Account	Y N	_____
Name of Bank: _____		

Certificates of Deposit **\$ Value** _____
 In whose name is this asset held? _____

Stocks **\$ Value** _____
 In whose name is this asset held? _____

Annuities **\$ Value** _____
 In whose name is this asset held? _____
 Is the applicant drawing income? Y N
 Does this have cash value? **\$ Value** _____

Money Market **\$ Value** _____
 In whose name is this asset held? _____

Bonds **\$ Value** _____
 In whose name is this asset held? _____

IRAs/401K/403B **\$ Value** _____
 In whose name is this asset held? _____

Total Assets: **\$** _____
(Must be totaled for application consideration)

Real Estate

Does the Applicant own a home? Y N
Spouse, disabled adult or child in the home? Y N

Please list all Real Estate assets. Please include property and building address as well as approximate value

Liabilities (example: mortgage, liens, credit cards, loans)

Amount

_____	_____
_____	_____
_____	_____
_____	_____

Total Liabilities: \$ _____

Additional information/comments, which may be helpful in processing this application: _____

Why did you choose The Friendly Home? _____

Guidelines for Long Term Care Single Room Assignment

1. The opportunity to move to a private room will be based on the following conditions: 1.) the Home is able to maintain its census by having an appropriate candidate to fill the vacated semi-private room, 2.) there are no Members requiring a private room based on medical or psychiatric needs, 3.) the available private room meets the Member's physical and safety needs, and 4.) the Member is private pay.
2. Members residing in private rooms will be relocated to semi-private rooms once they are Medicaid pending unless they have paid privately for two or more years.

Please note: The Transitional Care Center is comprised of all private rooms. These guidelines only pertain to our long term care Members.

I, _____, certify that this information is accurate and true to the best of my knowledge.

Signature of Applicant/Responsible Party

Date

Relationship

The Friendly Home respects the rights of all people and applications are considered without regard to race, creed, color, age, gender, marital status, disability, sexual orientation, national origin, or sponsor. The Friendly Home is a smoke-free campus.

CONSENT FOR RELEASE OF INFORMATION TO THE FRIENDLY HOME

NAME: _____

DOB: _____

I, hereby expressly authorize and request that each of the following persons, agencies, and organizations give full detailed, and relevant information regarding me to The Friendly Home:

1. Social Security Administration
2. Any and all physicians, dentists, social workers, psychologists, nurses, technicians, clinics, hospitals, and psychiatric facilities, Nursing Homes, Assisted Living Facilities where I have been a patient.
3. Any and all banks and bankers which now hold or heretofore held my funds; and all persons, firms, or corporations which hold my funds or funds payable to me
4. Any and all persons, firms, or corporations which hold my funds or funds payable to me
5. Any and all insurance companies by which I am an insured or which hold my funds or funds payable to me

Signature of Applicant

Date

(OR)

Signature of Responsible Party

Date

Relationship to Applicant

THE FRIENDLY HOME

3156 EAST AVENUE
ROCHESTER NY 14618

FISCAL AGENT AGREEMENT

** Must be completed and signed for application consideration **

This Agreement made effective the ___ day of _____, 20___ by and between the Friendly Home and _____ (Fiscal Agent) , residing at _____ (street), _____ (city,) _____ (state,) _____ (zip), (hereinafter "Fiscal Agent") as an individual with legal access to funds or resources of _____ (applicant, hereinafter "Member").

WHEREAS, the Friendly Home is reviewing whether to admit Member and to provide the services specified in the Member Admission Agreement; and

WHEREAS, Fiscal Agent has legal access to the assets, income, and other resources of the Member; and

Now, therefore, for good and valuable consideration, the parties hereby agree as follows:

1. Fiscal Agent expressly understands that the Friendly Home is relying on each and every statement, representation and warranty made by Fiscal Agent in this Agreement and in the financial statements presented by Member and Fiscal Agent in the Application For Admission (the "Application") prior to or upon admission and, in light thereof: (a) Fiscal Agent expressly represents and warrants to the Friendly Home the truthfulness, accuracy and completeness of each of the statements made in the Application and this Agreement; and (b) Fiscal Agent expressly agrees that any material omissions, misstatement or misrepresentation of information in the Application or this Agreement may result in the Member being transferred to a different room at or discharged from the Friendly Home to which transfer or discharge Fiscal Agent consents.

2. Fiscal Agent hereby agrees to promptly and timely assist the Member in fulfilling his/her responsibilities under the Member Admission Agreement.

3. Fiscal Agent agrees, represents and warrants that Member's assets, property, income, Medicare and other insurance benefits, and other resources disclosed to the Friendly Home in the Application (the "Assets") are complete, accurate and available to timely pay all of Member's charges incurred at the Friendly Home pursuant to the Member Admission Agreement.

4. Fiscal Agent agrees that he/she shall make or facilitate full payment from and with the Member's Assets of all charges, fees and expenses for nursing home care, physician visits and authorized additional charges, as well as subsequent rate increases, pursuant to the Member Admission Agreement.

5. Fiscal Agent agrees and warrants that from the date hereof Member's assets shall not be transferred, diverted, gifted or pledged or in any other way used or misused by Fiscal Agent (a "Transfer") so as to prevent Member from paying all charges due to the Friendly Home or from qualifying for uninterrupted Medicaid benefits or so as to otherwise breach the Member Admission Agreement or this Agreement.

6. Fiscal Agent represents and warrants that no Transfer of Member's Assets has taken place which would prevent Member from qualifying for Medicaid benefits. If a Transfer is, was or will be made, and if it is later determined that the Transfer was in violation of Medicaid law or this Agreement, Fiscal Agent agrees that

he/she shall take any and all steps necessary to immediately return such Assets to Member's use in order for Member to fully qualify for Medicaid.

7. Fiscal Agent agrees to promptly notify the Friendly Home in writing when the value of the Member's Assets available to pay for the charges incurred at the Friendly Home is \$45,000.00, and Fiscal Agent further agrees to promptly complete or assist Member in completing an application for Medicaid.

8. Fiscal Agent agrees timely to provide the Friendly Home with any and all accurate and complete records and supporting documents required to complete any Medicaid application or recertification of Medicaid for the Member, including without limitation banking and financial records, and Fiscal Agent directs all institutions, entities and individuals to release to the Friendly Home all banking and financial records of Member's accounts. The Friendly Home agrees to assist Fiscal Agent in completing the Medicaid application process, as specifically requested by Fiscal Agent.

9. If Fiscal Agent is the attorney-in-fact for the Member through a power of attorney, by signing this Agreement Fiscal Agent hereby appoints the Friendly Home as limited Power of Attorney for Member for the purpose of obtaining banking and financial records for Member's accounts as necessary to complete Member's Medicaid application and any subsequent recertifications.

10. If the Member becomes Medicaid eligible, the Fiscal Agent agrees to pay or facilitate payment monthly to the Friendly Home, or any other entity identified by the Medicaid agency, the Net Available Monthly Income (the "NAMI") which the Medicaid agency directs the Member to pay towards the Member's cost of care, regardless of such amount.

11. Fiscal Agent agrees that if he/she is representative payee or otherwise receives or controls any of Member's NAMI, and if he/she or Member fails to pay such NAMI in a timely manner, the Friendly Home is hereby directed to apply for and become representative payee of the Member to provide for the direct deposit of Social Security benefits upon the filing of the Member's Medicaid application.

12. Fiscal Agent agrees to pay damages to the Friendly Home caused by a breach of his/her personal responsibilities under this Agreement including, without limitation, reasonable attorneys' fees and costs.

13. Fiscal Agent agrees and understands that any Transfer of Member's Assets that impoverishes or result in the impoverishment of Member is or may constitute a fraudulent conveyance, and that any such Transfer may result in the Member being transferred to a different room at or discharged from the Friendly Home to which transfer or discharge Fiscal Agent expressly consents.

DATED: _____

FISCAL AGENT

(This Agreement is between you and the Friendly Home. It must be signed by you individually. It cannot be signed as POA.)

DATED: _____

By: _____

The Friendly Home Representative

Personal Caregiving and Compassionate Caregiving Visitors in Nursing Homes

Effective June 1, 2021, New York State enacted the Essential Caregiver Law (10 NYCRR 415.3 (d)(3)) which allows families to designate two personal and compassionate caregivers. This means during a declared Public Health Emergency, these individuals will be permitted to visit the nursing home when normal visitation is shut down. Please note that the Department of Health and The Friendly Home do retain the right to limit visitation due to an increase in local infection rates, inadequate staff capacity, an acute emergency situation such as loss of an essential service (ie. power) or because the personal caregiver poses a threat to the safety and well-being of the resident or any resident or personnel in the facility.

Visitors must follow infection control protocols such as wearing appropriate Personal Protection Equipment (PPE), testing for communicable diseases and health screenings as required. Visitors must also adhere to The Friendly Home's set standards for maximum frequency, duration and total number of personal caregivers allowed to visit at one time.

Personal and Compassionate Caregivers designations will be reviewed by the Interdisciplinary teams quarterly to ensure accuracy.

Please list the people who will be designated as Personal and Compassionate Caregiver below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

For questions regarding the Essential Caregiver Law, please contact Shireen Haynes, Director of Social Work and Admissions at 585-789-3102 or shaynes@friendlyhome.org.

Revised: June 2021