



2230 North Triphammer Road · Ithaca, New York 14850-6513

Application to Skilled Nursing Facility

Federal and State law prohibit this facility from denying admission to anyone because of race, creed, color, national, origin, sponsor, age, sex, sexual orientation, military status, marital status, or disability.

(607) 266-5300 · (800) 253-6325 · Facsimile: (607) 257-0794 · www.kai.kendal.org

Kendal at Ithaca is a not-for-profit life care retirement community affiliated with Kendal New York, a not-for-profit organization governed in accordance with the principles of the Religious Society of Friends (Quakers).

INTRODUCTION

Thank you for your interest in Kendal at Ithaca. Kendal at Ithaca is a not-for-profit continuing care retirement (life plan) community consisting of independent living, an enhanced assisted living residence and our skilled nursing facility, Taughanock House.

Our vision is to be a community whose hallmarks are the Quaker values of respect, care, and trust. In addition, we strive to be good stewards of our resources and environment. Our mission is to provide a mutually supportive environment for residents and staff, and to contribute to the greater Ithaca community.

We are dedicated to the highest standards of quality care, designed to allow each applicant to attain or maintain his or her highest practicable level of physical, mental, psychological and social well-being.

ADMISSION PROCESS

It is our policy to admit those applicants considered by our staff to be medically and socially appropriate for placement and who are financially able to pay for the expenses of care. *Please note this application is only for the purpose of admission to the skilled nursing facility (short-term or long-term care placement).*

Our admission process requires complete disclosure of the applicant's general information, including medical history and condition, income, assets and liabilities, Patient Review Instrument and screen. We are relying on the accuracy of the information the applicant provides to us when we make our admission decision. **We are unable to accept applications which are missing verification of financial assets (e.g. copies of bank or investment account statements) and insurance cards.** Please note this application is preliminary and may require additional information from other health care practitioners as well as a home visit.

This application must be completed by the applicant or by a person who holds power of attorney (known as an "attorney-in-fact") or has been appointed guardian for the applicant. The attorney-in-fact or guardian must have personal knowledge of the applicant's personal and financial affairs. If the applicant does not have an attorney-in-fact or guardian, he or she should appoint one now, as this is a pre-condition of admission to Kendal at Ithaca.

FINANCIAL ARRANGEMENTS

If the applicant is accepted for admission to Kendal at Ithaca, the applicant or attorney-in-fact will be required to sign an Admission and Financial Agreement, and ensure that the information contained in this application remains current and accurate. The Admission and Financial Agreement includes a significant financial obligation to Kendal at Ithaca, which the resident and their responsible party should understand, with advice from their attorney if necessary. In addition, a person qualified and able to serve as the applicant's "Responsible Party" will be required to sign the Admission and Financial Agreement to provide payment to Kendal at Ithaca from the applicant's income and resources. The Responsible Party may be the applicant's attorney-in-fact, and must have knowledge of and access to the applicant's financial resources. Although the Responsible Party is not a third party guarantor of payment, he or she does accept a significant legal obligation to Kendal at Ithaca to utilize the applicant's resources and finances appropriately.

At the time of admission, a payment pro-rated for the remainder of month and payment for the following month will be due. Thereafter, Kendal at Ithaca charges are payable monthly in advance. The applicant and the applicant's Responsible Party will have the obligation to make timely payment of Kendal at Ithaca's charges. Their careful management and use of the applicant's assets should ensure that funds are preserved and available for this purpose. In many cases, we may suggest or require that particular management or trust arrangements for the applicant's assets be established.

If the applicant's remaining resources become insufficient to continue private payment for his or her care for a period beyond two additional months, the Responsible Party or other family members must make application to the Department of Social Services for Medicaid assistance. This application is not made by Kendal at Ithaca.



APPLICATION FOR SKILLED NURSING PER DIEM ADMISSION

Applicant's Information

Applicant Name _____
First Middle Last Maiden

Where is the Applicant presently? _____

Home Address _____
Street City County State Zip

Phone # _____ Sex _____ Marital Status _____

Birth date _____ Place of Birth _____

Social Security # _____ Spouse's Name _____

Physician _____ Religion _____

Previous Occupation _____ Applicant/Spouse a Veteran? Y ___ N ___

Advance Directives: (A Copy will be requested at the time of Admission) MOLST/DNR Y ___ N ___

Living Will Y ___ N ___ Health Care Proxy Y ___ N ___ Name of Your Agent _____

Funeral Home (Required) _____ Funeral Home Phone # _____ **Person**

To Notify in Case Of Emergency

Name _____ Relationship _____

Address _____
Street City County State Zip

Home Phone # _____ Work Phone # _____

Primary Family Member/Significant Other (Use separate sheet if more space is needed)

Name _____ Relationship _____

Address _____
Street City County State Zip

Home Phone # _____ Work Phone # _____

Email _____

Financial Information *Please supply copies of documentation of assets, (e.g. bank account or investment statement) and copies of insurance cards.*

Admission Type: Please select one box. Short Term Rehab- Medicare/Commercial Insurance

Short Term Rehab- Private Pay Long Term Care (Nursing Home) Medicaid

Long Term Care- Long Term Care Insurance/Private Pay

Medicare # _____ Part B? Y ___ N ___ Medicaid # _____ County _____

Other supplemental health insurance _____

Other Health Insurance _____

Long Term Care Insurance _____ NYS Partnership for Long Term Care? Y ___ N ___

Authorization (prior Approval) # _____ Member Services # _____

Bank Accounts *(Use separate sheet if more space is needed)*

Bank #1 _____ Checking \$ _____ Savings \$ _____ Bank

#2 _____ Checking \$ _____ Savings \$ _____

Assets *(Use separate sheet if more space is needed)*

Investments _____

Real Estate _____

Other Assets _____

Life Insurance? Y ___ N ___ With Whom _____

Monthly Income *(Use separate sheet if more space is needed)*

Social Security \$ _____ Pension \$ _____ Veterans Benefits \$ _____ Other \$ _____

Outstanding Debts \$ _____

Person Managing Applicant's Funds

Name _____ Relationship _____

Address _____
Street City County State Zip

Preferred Phone # _____ Email _____ Power of Attorney? Y ___ N ___ *(If different from above please provide the name, address, and phone # of your POA)* **Attestation:** According to the best of my knowledge and belief, the above information is accurate and true in all respects.

Signature of Applicant _____ Date _____