

APPLICATION TO BACON AND HINKLEY HOME, INC.  
581 PEQUOT AVENUE  
NEW LONDON, CT 06320  
860-443-8624

**APPLICANT'S PERSONAL INFORMATION**

NAME \_\_\_\_\_ SEX: FEMALE  MALE

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ VETERAN (SPOUSE OF) YES NO

MARITAL STATUS \_\_\_\_\_ VETERAN SERVICE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

PRIMARY CONTACT PERSON: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: DAYS \_\_\_\_\_ EVENINGS \_\_\_\_\_

NAMES AND ADDRESSES OF TWO REFERENCES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INVOLVED PARTIES**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: DAYS \_\_\_\_\_ EVENINGS \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE: DAYS \_\_\_\_\_ EVENINGS \_\_\_\_\_

**MEDICAL INFORMATION**

NAME, ADDRESS, AND PHONE OF CURRENT PHYSICIAN:

\_\_\_\_\_

DIAGNOSIS AND MEDICATIONS:

**FINANCIAL INFORMATION**

\_\_\_\_\_

MEDICAID (STATE ASSISTANCE) # \_\_\_\_\_

DOES APPLICANT HAVE AN APPLICATION PENDING FOR STATE MEDICAL ASSISTANCE (TITLE 19)? IF YES, PLEASE PROVIDE CASE WORKER'S NAME.

PRIMARY MEDICAL/HEALTH INSURANCE # \_\_\_\_\_

OTHER MEDICAL/HEALTH INSURANCE: # \_\_\_\_\_

NAME

SUBSCRIBER NUMBER

\_\_\_\_\_

LIFE INSURANCE? COMPANY \_\_\_\_\_ FACE VALUE \_\_\_\_\_ EST. CASH VALUE \_\_\_\_\_

DO YOU HAVE A WILL? \_\_\_\_\_ NAME OF EXECUTOR \_\_\_\_\_

HAS THE APPLICANT ESTABLISHED AN IRREVOCABLE BURIAL ACCOUNT?

IF SO, NAME OF FUNERAL HOME AND AMOUNT

\_\_\_\_\_

### ASSETS

DOES APPLICANT OWN ANY REAL ESTATE? YES  NO

APPROXIMATE VALUE: \_\_\_\_\_

NAME(S) ON DEED: \_\_\_\_\_

ARE THERE ANY MORTGAGES AGAINST THE PROPERTY?

IF YES, IN THE AMOUNT OF \$ \_\_\_\_\_

DOES APPLICANT OWN AN AUTOMOBILE? YES  NO

### CASH ASSETS

PLEASE LIST ALL ASSETS INCLUDING BUT NOT LIMITED TO: SAVINGS ACCOUNTS, CHECKING ACCOUNTS, STOCKS, BONDS, C.D.'S, MUTUAL FUNDS.

NAME OF INSTITUTION

ACCOUNT #

PRESENT BALANCE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY TRANSFERS OF OWNERSHIP OF ASSETS WITHIN THE LAST 18 MONTHS.

\_\_\_\_\_

ANNUITIES  
YOU) \_\_\_\_\_

NOTES OR MORTGAGE (OWED TO  
\_\_\_\_\_

RENTAL PROPERTIES \_\_\_\_\_

OTHER ASSETS \_\_\_\_\_ FUTURE INHERITANCES? \_\_\_\_\_

PERSONAL PROPERTY (JEWELRY PAINTINGS) \_\_\_\_\_

**INCOME**

EMPLOYMENT \$ \_\_\_\_\_

SOCIAL SECURITY \$ \_\_\_\_\_ /MO

PENSIONS \$ \_\_\_\_\_ /MO

VA BENEFITS \$ \_\_\_\_\_ /MO

INTEREST \$ \_\_\_\_\_ /YR. TAX-EXEMPT INTEREST \$ \_\_\_\_\_

ANNUITIES \$ \_\_\_\_\_ /YR.

DIVIDENDS \$ \_\_\_\_\_ /YR.

OTHER \$ \_\_\_\_\_ /YR.

DO YOU RECEIVE INCOME FROM OR HAVE ANY INTEREST IN TRUST?  
IF YES, PLEASE DESCRIBE AND PROVIDE A COPY OF THE TRUST INSTRUMENT.

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH COPIES OF YOUR LAST TWO FEDERAL INCOME TAX FORMS.**

**In order to be prepared for future care needs, applicants must complete and submit skilled care facility applications to two facilities prior to admission to the Bacon and Hinkley Home.**

ANTICIPATED **ANNUAL** EXPENSES WHILE AT BACON AND HINKLEY:

**INSURANCE PREMIUMS**

HEALTH / HOSPITAL \_\_\_\_\_ LIFE \_\_\_\_\_ DISABILITY \_\_\_\_\_ AUTO \_\_\_\_\_

**PERSONAL EXPENSES**

MEDICAL EXPENSES \_\_\_\_\_

CLOTHING \_\_\_\_\_

PERSONAL \_\_\_\_\_

I HEREBY CERTIFY THAT THIS IS A TRUE AND COMPLETE STATEMENT OF THE APPLICANT'S CURRENT INCOME AND ASSETS.

\_\_\_\_\_ (APPLICANT)

\_\_\_\_\_ (RESPONSIBLE PARTY)

\_\_\_\_\_ (DATE)

BACON AND HINKLEY HOME, INC. CONSIDERS ALL APPLICATIONS AND DOES NOT DISCRIMINATE AGAINST APPLICANTS ON THE BASIS OF SEX, RACE, OR RELIGION, NATIONAL ORIGIN, OR VETERAN STATUS.

THE BACON AND HINKLEY HOME, INC  
581 PEQUOT AVENUE  
NEW LONDON, CT 06320  
PHYSICIAN FORM

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TO THE ATTENDING PHYSICIAN: The above named person has applied for admission to Bacon and Hinkley Home, a retirement home for men and women who are at least 65 years of age or older. Residents must be able to function independently, able to attend to their own personal care, to administer their own medications with reminding, and be free from any serious illness. The home provides all meals, housing, housekeeping service, laundry service, and local transportation. The Bacon and Hinkley Home staff provides no nursing or personal care services. Your cooperation in completing this evaluation will help us assess if the above named individual would be an appropriate candidate for our home.

**MEDICAL STATUS**

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ PULSE \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_  
\_\_\_\_\_

BLOOD PRESSURE REASONABLY STABLE? \_\_\_\_\_ CHRONIC CONDITIONS STABLE? \_\_\_\_\_

DATE OF **LAST PPD AND RESULT?** \_\_\_\_\_

ALCOHOL OR DRUG ADDICTION PROBLEMS? \_\_\_\_\_

PLEASE LIST ALLERGIES TO MEDICATIONS AND FOODS \_\_\_\_\_  
\_\_\_\_\_

MAJOR ILLNESSES OR SURGERIES IN THE LAST FIVE YEARS? \_\_\_\_\_ IF YES, PLEASE EXPLAIN:  
\_\_\_\_\_

LIST OF MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_

Should Applicant Receive KI Tablet in the Event of a Nuclear Accident \_\_\_\_\_

DIETARY RESTRICTIONS? \_\_\_\_\_

VISION PROBLEMS \_\_\_\_\_ HEARING PROBLEMS \_\_\_\_\_

SPECIAL TREATMENTS REQUIRED? \_\_\_\_\_ IF YES, PLEASE EXPLAIN? \_\_\_\_\_

MINI-MENTAL STATUS EXAMINATION SCORE \_\_\_\_\_

EVIDENCE OF ANY FORM OF DEMENTIA? \_\_\_\_\_

HISTORY OF EMOTIONAL DISORDER? \_\_\_\_\_ MEMORY LOSS PROBLEMS? \_\_\_\_\_

In your opinion will the applicant be able to adjust to living at the home given that nursing services will not be provided?  
\_\_\_\_\_

How long have you treated the applicant? \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Physician's Address \_\_\_\_\_

PROSPECTIVE APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I, the above named applicant, consent to and authorize the release of any medical information that can be obtained from my clinical record, health care providers, or medical review team for the completion of this form. Please call the administrator of THE BACON AND HINKLEY HOME with any questions that you have concerning this application @ 443-8624.

**THE BACON AND HINKLEY HOME, INC.**  
**581 Pequot Avenue**  
**New London, CT 06320**

**Agreement For Admission**

All applicants must be 65 years of age or older, free from serious ailments, able to self-administer medication with reminders from the staff, and be able to handle activities of daily living independently. Decision on admission is at the sole discretion of the Home.

A monthly residency fee is established by the Home based on the Home's operating expenses. Individual resident rates will be set based on each resident's personal income and asset level. Transfer of assets at less than fair market value prior to or while residing at the Home will not necessarily result in downward adjustment of the residency fee. The monthly fee will be subject to an annual adjustment. The Home will hold a room for up to three months for a resident who is receiving rehabilitative care in another facility. The resident, for whom the home is holding the room, will pay 75% of his/her regular monthly rate to the home on the first of each month.

The Home provides Housing, meals, medication reminders housekeeping services, laundry service, cable TV, round the clock non-medical coverage by staff, and local transportation for medical appointments and recreational outings as arranged. All other expenses will be the resident's responsibility. In exchange for the above-mentioned services, the resident agrees to pay his/her fee by the third day of the month.

The House rules are as follows:

1. Residents shall treat each other and members of the staff with consideration and respect.
2. Residents will not smoke in the home or on its grounds.
3. Residents are expected to bathe regularly and to keep themselves well groomed. Appropriate loungewear or robes may be worn to breakfast, but to no other events or meals.
4. Residents must be able to dress themselves, toilet independently, and be capable of handling incontinence issues in an independent and sanitary manner. Residents who need assistance with taking a shower or bath will inform the Home's staff, who will make arrangements with VNA Southeastern CT for help with a stand and assist bath.
5. Should a resident become incapable of independent toileting and personal care, or develop a condition, which in the estimation of the Home requires a higher level of care, he or she must have additional care from a home health care agency, on a **short-term basis** only, at cost to the resident, while placement in an appropriate facility is being arranged.

6. Residents will have their oral prescription medications pre-poured by an RN who is hired by the home and will use the Comp U med machine for the dispensing of prescription medication.
7. Residents will keep any other medications in their room in a locked drawer, provided by the Home.
8. A Resident shall wear his/her emergency call pendant at all times and be able to understand how to use it. When using the shower or bathtub the resident will use the hooks in the bathroom to hang the pendant on while bathing.
9. Residents will have submitted completed applications to two or three long term care facilities of their choice, at the time of admission to the Home.
10. No Pets are allowed
11. No oxygen is allowed

A Resident may be discharged from the Home for the following reasons:

- Need for a higher level of care.
- Willful disturbance or persistent violation of the quiet and comfort of other residents.
- Failure to disclose all of his/her assets or income at the time of application or at any time when requested by the Home, or when income and assets change.
- Failure to abide by the above mentioned house rules.

I have read this document and agree to abide by these regulations and by any house rules that may be adopted by the Board of Directors. I hereby apply for admission to Bacon and Hinkley Home, Inc.

\_\_\_\_\_  
RESIDENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESSES SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADMINISTRATOR'S SIGNATURE

\_\_\_\_\_  
DATE