

**MARLOW MANOR ASSISTED LIVING FACILITY
APPLICATION FOR RESIDENCY**

2030 Muldoon Road
Anchorage, AK 99504
(907) 338-8708 FAX: (907) 338-8627

PLEASE PRINT OR TYPE - ALL INFORMATION WILL BE KEPT CONFIDENTIAL

1) Name: _____ Age: _____ Date of Birth: _____
Phone: _____ Address: _____
Soc. Sec. No.: _____ Marital Status: _____

2) Previous Address: _____
City/State/Zip: _____
Dates you lived at this address: From: _____ To: _____

3) If married, name of spouse: _____ Age: _____
Spouse's Soc. Sec. No.: _____ Date of Birth: _____

4) Name of present landlord: _____ Phone: _____
Address of landlord: _____ Zip: _____

(If No. 4 applicable, a Reference Checklist must be completed)

5) Relative Or Personal Contact: _____
Relationship: _____
Address: _____
Telephone: _____

6) Physician or Health Care Representative: _____
Address: _____
Phone#: _____
Fax# : _____

7) Personal References (*Not relatives or next-of-kin*): Please list two.

Name: _____ Phone: _____

Address: _____ Zip: _____

Name: _____ Phone: _____

Address: _____ Zip: _____

8) Housing Preference (*Check one*):

Studio _____ Alcove _____ 1 Bedroom _____ Dementia _____

9) How did you hear about Marlow Manor ALF?: _____

10) Service Interests Or Needs (*Check any and/or all*):

_____ Meals

_____ Mobility Assistance

_____ Housekeeping

_____ Barrier Free Units

_____ Assisted bathing

_____ Personal Laundry

_____ Medications Management

_____ Dementia Management

_____ Medications Assistance

_____ Personal Care (*Bathing, Dressing, Hygiene*)

This is an application form only and completion is necessary for consideration of occupancy. An application fee of \$100.00 will be due when your Pre-Screen Questionnaire is completed; this fee will be applied to the first costs of your living unit or will be refunded should your application be refused or occupancy be denied.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY AND CREDIT STANDING. THIS WILL CONSIST OF ANY AND/OR ALL OF THE FOLLOWING:

1) Prior Tenant History 2) Public Records 3) Verification of Information 4) Credit History

SIGNATURE(S):

Applicant or Legal Representative: _____ Date: _____

Co-Applicant or Legal Representative: _____ Date: _____

Financial Guarantor: _____ Date: _____

Marlow Manor Assisted Living Facility

Items needed with the resident application:

- 1) \$100.00 assessment fee
- 2) *Resident Consent to Release Information* signed by potential resident or Power Of Attorney
- 3) Current [within one year] TB examination results
- 4) Power Of Attorney documents, if applicable
- 5) Living Will documents, if applicable
- 6) Advance Directives documents, if applicable
- 7) Guardianship documents, if applicable

At move-in you will have these costs:

- 1) Pro-rated first month's rent minus application/assessment fee
- 2) Security deposit which is one-half of base room rate
- 3) Telephone line "live" prior to resident occupying unit

Please feel free to check in for an update or if you have any questions, please call our office during business hours, Monday through Friday, 9-5.

Diana Arthur
Director of Marketing

MARLOW MANOR ASSISTED LIVING
CONSENT FOR RELEASE OF MEDICAL RECORDS

I, _____ give consent for MARLOW MANOR ASSISTED LIVING FACILITY (MMALF) to obtain information from the person or agency indicated below, for the purpose of determining my eligibility for Assisted Living.

I request and authorize the above agency to obtain information pertaining to me as specified below:

Doctor(s) Name(s): _____

Information Requested: Medical Records and Current PPD if Available

From Date(1 year ago): _____ To Date(Today): _____

Restrictions (Specify): _____

MMALF shall not re-release this information without my consent except as I might give additional consent in the assignment of a new care coordinator to my case. I understand that I can cancel this consent at any time by sending my signed and dated written instructions to MMALF.

This consent is valid for no more than one year from _____ **to** _____.
Mo/Day/Yr (Today's Date) Mo/Day/Yr

RESIDENT: _____
Printed name Signature Date

WITNESS: _____
Printed name Signature Date

Relationship: _____

WITNESS: _____
Printed name Signature Date

Relationship: _____

(Two witnesses are required if the client signs with an X. The care coordinator should not be a witness.)

I understand that the Marlow Manor Assisted Living Facility, Manor Management of Alaska, its employees and/or associates cannot be responsible for the confidentiality of information disclosed after said information has been released pursuant to this authority and request, and I hereby release them from all liability arising from such disclosure.

FINANCIAL & HEALTH INSURANCE INFORMATION

FINANCIAL INFORMATION

<u>Monthly Income Sources</u>	<u>Amount</u>
a. Social Security:	_____
b. Retirement Benefits/Pension:	_____
c. Other Income: Describe _____	_____
_____	_____
_____	_____
Total Estimated Monthly Income:	_____

ASSETS

	<u>Current Value/Amount</u>
a. Home:	_____
b. Checking Account:	_____
c. Savings Account:	_____
d. Investments:	_____
e. Other Assets: Describe _____	_____
_____	_____
_____	_____
Total Assets:	_____

LIABILITIES

	<u>Amount</u>
a. Mortgage:	_____

(Continued on Back)

LIABILITIES - continued

b. Other:
Describe _____

Total Liabilities: _____

1) Do you have a financial manager? _____ Yes _____ No

If yes: Name: _____ Phone: _____

Address: _____

2) Do you have a Living Trust? _____ Yes _____ No

If yes: Trustee Name: _____ Phone: _____

Address: _____

3) Do you have a Responsible Party who is now responsible for payment of your bills or who can be in the event it is necessary? _____ Yes _____ No

If yes: Name: _____ Phone: _____

Address: _____

HEALTH INSURANCE INFORMATION

Do you qualify for Medicaid? _____ Yes _____ No

Are you receiving Medicaid? _____ Yes _____ No

Do you have Medicare insurance? _____ Yes _____ No

Medicare number: _____

Primary Health Insurance

Name: _____

Policy #: _____

Other Health Insurance

Name: _____

Policy #: _____

MARLOW MANOR ASSISTED LIVING FACILITY

Waiting List Policy/Admission Policy

Marlow Manor Assisted Living Facility (*MMALF*) applicants must be fifty five (*55*) years of age or older or have a spouse who is at least *55* (*and who will also be taking up residency at MMALF*). Acceptance to the Waiting List does not automatically guarantee eligibility for residency.

MMALF maintains two separate Waiting Lists, one for Assisted Living and the other for the Dementia & Alzheimer's floor.

One's place on the waiting list is determined by the date on which all application materials are received at the MMALF office. These materials consist of the following items, which must be completed in full:

1. Application for Residency
2. Financial & Health Insurance Information
3. Pre-Screen Questionnaire (*completed by staff*)
4. Application/Assessment Processing Fee of \$100.00
(If you are currently on the CHOICE Waiver, the application fee is waived.)

When an apartment becomes available, based upon apartment size (*i.e. studio, alcove, one-bedroom, or dementia*) the first qualified applicant(s) will be contacted by MMALF personnel. An offer of an apartment will be made by telephone. A person offered an apartment has three (*3*) business days from receipt of the phone call to notify the office of their intention to accept or reject the offered apartment. Any eligible person who refuses an apartment will not lose his or her place on the Waiting List. Application refunds are issued only if Marlow Manor denies residency or if death occurs while the applicant is on the waitlist.

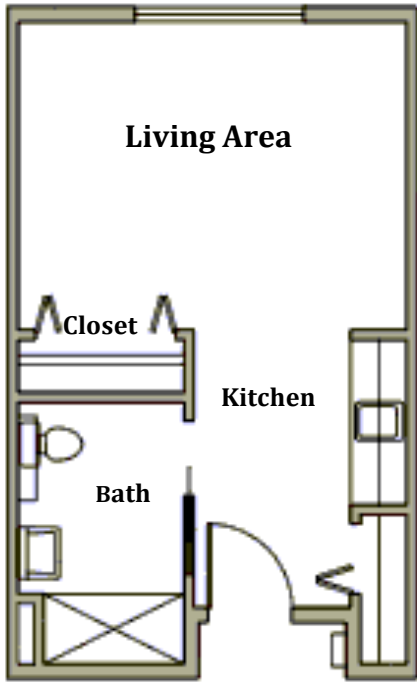
All persons will be considered for admission to MMALF without regard to race, creed, color, familial status, religion, handicap, national origin, disability or gender.

MMALF Waiting List policies may be revised from time to time.

THIS IS A PRELIMINARY APPLICATION PROCEDURE AND GIVES NO LEASE OR RENT RIGHTS.
A CURRENT ASSESSMENT WILL BE REQUIRED TO COMPLETE PROCESSING.

Typical Studio

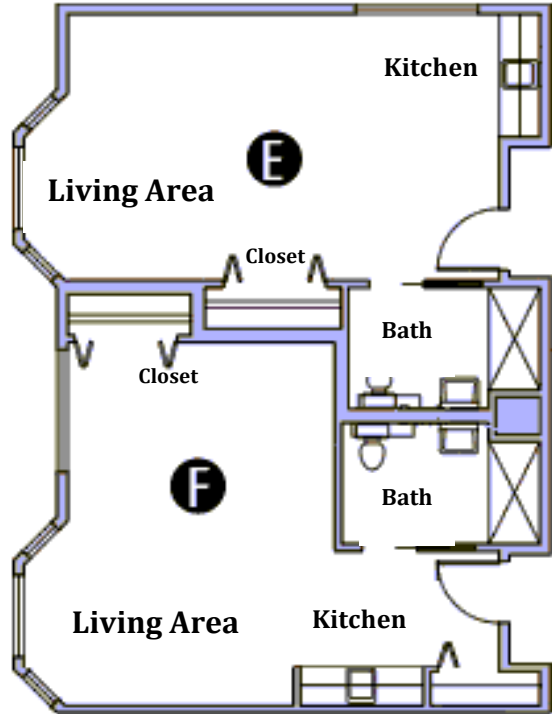
300 Square Feet



Typical Alcove Units E & F

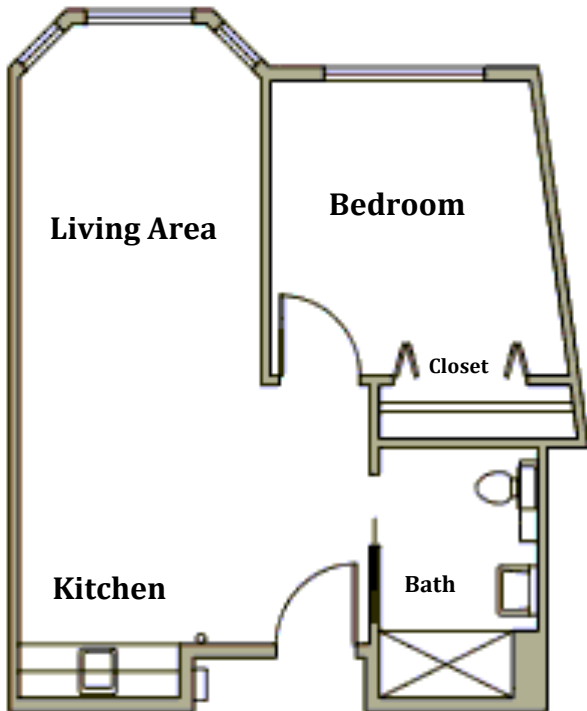
Unit E - 370 Square Feet

Unit F - 385 Square Feet



Typical 1 Bedroom Unit

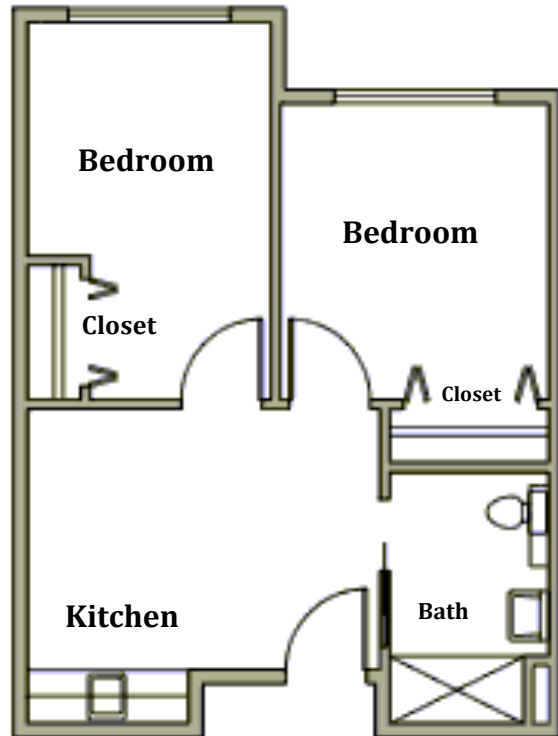
450 Square Feet



Typical 1 Bedroom Conversion Unit

(2 Occupants)

455 Square Feet



NOTICE OF PRIVACY PRACTICES Marlow Manor Assisted Living Facilities

HIPAA, or Health Insurance Portability and Accountability Act of 1996, is the first comprehensive Federal Law to protect the privacy of all individually identifiable health information. It supersedes State law with respect to health information.

This Notice describes Marlow Manor Assisted Living Facilities privacy practices and the rights that you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you (birth, admit, discharge, death, telephone numbers, photograph, fingerprints, e-mail address, names of relatives, etc.), as it relates to your past and present physical and mental health care services. HIPAA regulations require that Marlow Manor Assisted Living Facilities protect the privacy of your PHI that Marlow Manor Assisted Living Facilities has either received or created.

1. OUR LEGAL DUTY

By Law, we are required to

- Ensure that health information that identifies you is kept confidential;
- Give you this notice of the legal duties and privacy practices related to health information that we maintain about you; and
- Follow the terms of the notice that is now in effect.

By Law, we have the right to:

- Change our privacy practices for the terms of this notice at any time, provided that each change is permitted by law;
- Make the changes in our privacy practices and the new terms of our Notice effective for all health information that we keep, including information previously created or received before the changes.

2. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose health information. Use and Disclosure methods include verbal, e-mail, phone and fax transmissions. We will not use or disclose your health information for any purpose not listed below, without your specific written authorization. Any specific written authorization that you provide may be revoked at any time by written communication of such, from you to us.

FOR TREATMENT: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, interns, or other people who are involved in your care, such as, Care Coordinators, Discharge Planners, and pharmacy staff. We may also share health information about you with your other health care providers in assisting them in treating you.

NOTICE OF PRIVACY PRACTICES Marlow Manor Assisted Living Facilities

FOR PAYMENT: We may use and disclose your health information for payment purposes.

FOR HEALTH CARE OPERATIONS: We may use and disclose your health information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the certificates, licenses, and credentials that we need to serve you.

3. OTHER USES OF HEALTH INFORMATION

In addition to using and disclosing your health information for Treatment, Payment, and Health Care Operations, your PHI will be printed in the following binders or information packets, *unless you object in writing*,

- Emergency Binder (of Resident information and contacts)
- Emergency Packets (for example, to emergency room)
- Dietary Information for Dining Room purposes
- Files and Folders in Executive Director's office, in locked cabinets in front office, in the archive office, and in office 222 on the second floor,
- On the EntryGuard (main entrance) Resident List (last name, first initial, and 2 digit code)

4. RESIDENT'S LEGAL RIGHTS

Through HIPAA law, you, the resident, have the right:

- to receive a Notice of Privacy Practices informing you of the ways in which the provider (Marlow Manor Assisted Living) may use and disclose PHI;
- to access, inspect and receive copies of your PHI;
- to amend or correct copies by adding supplemental information;
- to restrict use and disclosure of information;
- to an accounting of disclosures;
- to revoke authorization for use and disclosure; and
- the right to appeal.

5. QUESTIONS AND COMPLAINTS

If you have questions about this Notice, or if you believe that your privacy rights have been violated, please contact the Executive Director, Theresa, Brisky RN, BSN, Complaints must be submitted in writing. You may submit your written complaint to the USDHHS, address available upon request. If you opt to file a complaint, the services provided to you by Marlow Manor Assisted Living Facilities will not be adversely affected.



Marlow Manor Assisted Living Admissions Policy

Thank you for your interest in residing at Marlow Manor Assisted Living. Please complete the enclosed packet for admissions in its entirety to ensure the most expedited process. If space is not available at the time of application or you are not interested in a move-in yet, the date upon which you turn in your application will be used to determine your location on the waiting list. The MMALF waiting list is based on a "first come, first served" basis. As space becomes available the next person on the list is notified via telephone and given at least 72 hours to respond. If no response is received within the 72 hours the next person will be notified and the previous person remains in their position on the list. If for any reason no one from the waiting list responds or desires placement the list will remain intact and new applications will be considered.

Residents whom receive Medicaid Home and Community Based CHOICE Waiver services (HCBWS) are eligible for a studio apartment under this program, unless they choose to pay the difference in cost for a larger size apartment. Occasionally a resident may be allowed to move into a larger apartment if that is all that is available and there are no other applicants with the understanding that as soon as a studio apartment is available, they agree to transfer to that apartment unless other arrangements are made to pay the cost difference. Regardless of size of apartment the basic room and board requirement for ALL HCBWS residents is the total of their income (received from income verification worksheet) MINUS the \$100.00 per month residents personal needs allowance. The maximum R&B is \$1296.00 and the minimum is \$579.00. If a resident on the HCBWS program is considered "over resourced" and their income exceeds the \$1396.00 they will have to make the legal arrangements dictated by the State's regulations

governing the program. Please consult the care coordinator or other agents of the state whom you are working with to determine what needs to be done for your situation. Employees of MMALF can only give you general information regarding these programs and their requirements.

Marlow Manor ALF strives to provide the best assisted living experience possible so therefore also requires a medical records review and nursing assessment to determine if an individual is appropriate for this environment. Completing the application alone does not guarantee an applicant will be appropriate/accepted to reside here. This is in the best interest of the potential resident as well as the population currently residing here. If it is determined we cannot meet the potential residents' needs either through the pre-screening questionnaire or the nursing assessment you will be informed as soon as this determination is made. If requested, a letter of denial can be sent.

Please keep in mind that although we employ nurses in supervisory positions, we are licensed as assisted living and therefore do not provide skilled nursing services. If you have concerns that the potential applicant may need this level of care and would like to speak to a nurse for a brief consultation before completing all the required application documents you may ask to do so. If the nurse is not available to speak to you immediately they will contact you as soon as possible to discuss your concerns prior to submitting the application.

During any part of the process we expect that information provided will be truthful and forthcoming to the best of your knowledge. Again this is to ensure the best experience possible. If it is determined that information is knowingly false or kept to persuade the results of the admission process the applicant may be denied.