

**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.

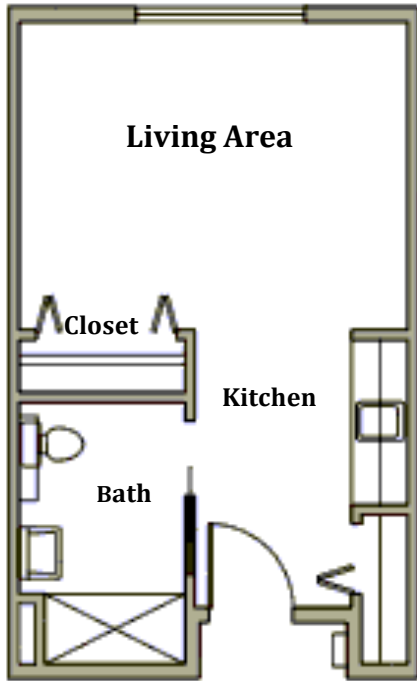
All persons will be considered for admission to MMALF without regard to race, creed, color, familial status, religion, handicap, national origin, disability or gender.

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**

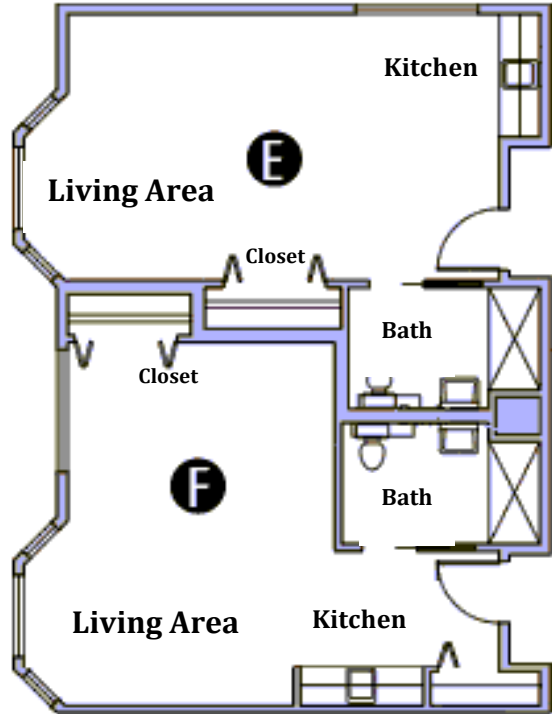
300 Square Feet



**Typical Alcove Units E & F**

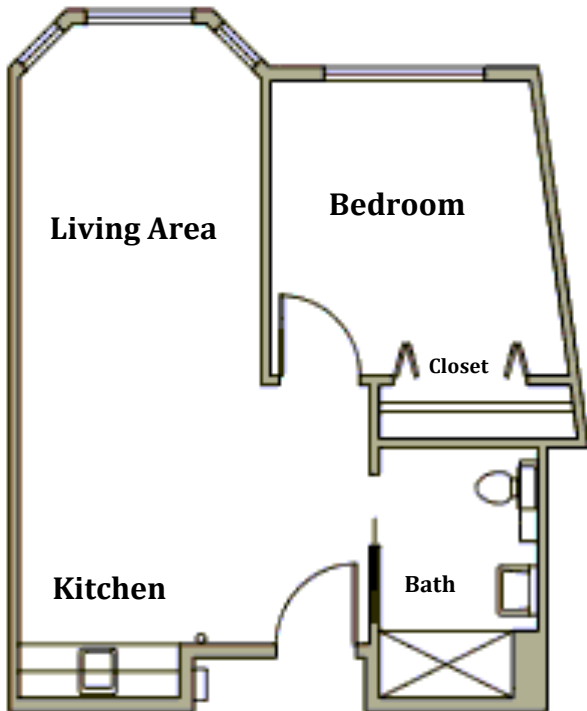
Unit E - 370 Square Feet

Unit F - 385 Square Feet



**Typical 1 Bedroom Unit**

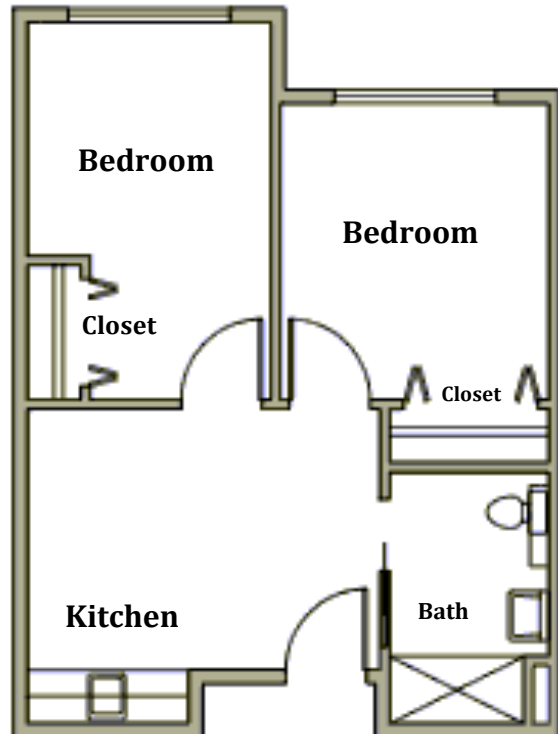
450 Square Feet



**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 Panchot, RN, BSN, or Privacy Office, Ronnette Cousin, RN. 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.