BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House/Thompson Residential Home

APPLICATION FOR ADMISSION

PLEASE ANSWER AS COMPLETELY AS POSSIBLE

Name _____ Nickname _____

Last First Middle

Home Address_____

Mailing Address_____Telephone _____

County _____

Date of Birth _____

Birthplace _____ Citizenship _____

SSAN _____ Medicare Number _____

Medicare Secondary Insurance Company _____ Number _____

Medicaid Number_____ Choices for Care Yes_____ No_____

Choices for Care case manager_____

Medicare D Insurance/Number _____LTC Insurance/Number _____

Which ambulance service do you prefer _____ Rescue Subscriber____YES ____NO

Marital Status _____ Date of Marriage _____

Spouse _____ Date of Death _____

Spouse address _____

Spouse occupation _____

APPLICANT - Military Service (circle one) YES NO Branch _____

Dates of Service _____ to _____

Disability Allowance (circle one) YES NO Amount _____

Advance Directives _____ YES _____ NO Living Will _____ YES _____ NO

MEDICAL Durable Power of Attorney for Health Care _____ YES _____ NO

First Agent _____

Second Agent _____

FINANCIAL Power of Attorney _____ YES _____ NO

Appointee _____

Physician _____ Telephone _____

Address_____

Eye Doctor _____ Telephone _____

Dentist _____ Telephone _____

Other _____ Telephone _____

Religion _____

Address_____

Clergyman _____

Telephone _____

Funeral Home Preference_____

Telephone _____ Prepaid _____ YES _____ NO

Cemetery _____

FAMILY

Brother/Sister

Name(s) Address Telephone

_____

_____

_____

Children
Name(s) Address Telephone

_____
_____
_____
_____

Number of grandchildren _____ Number of great grandchildren _____

Parents

	First	Last (Maiden)	Living	Date of Death
Father				
Mother				

Pets _____ YES _____ NO Type _____ Name _____

OCCUPATION _____
Number of Years _____ Retirement Date _____
EDUCATION _____
Where _____
Primary Language _____
INTERESTS/HOBBIES _____
_____

PERSON MAKING APPLICATION FOR ADMISSION

Name _____ Telephone _____
Address _____ Zip Code _____
_____ Relationship _____

STATEMENT OF RESPONSIBILITY

I understand the conditions under which _____ is being admitted to Thompson House/Thompson Residential Home and agree that the financial representative is _____.

I will provide copies of Social Security/Medicare/Medicare D/Medicaid and other insurance cards prior to admission.

If not a Medicaid or Medicare admission, bills for nursing care will be paid one month in advance. Statements should be sent to:

Name _____ Telephone _____
Address _____ Zip Code _____

Date _____ Signed _____
_____
Relationship or official title

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House/Thompson Residential Home

Briefly state reason for seeking admission:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Are you ready for admission at this time? Yes_____ No_____

For Nursing Home level of care _____ For Residential Care_____

If not at this time when do you think you will be seeking admission_____?

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson Residential Home

THOMPSON RESIDENTIAL HOME
SERVICES/FEES

SERVICES INCLUDED IN THE DAILY RATE ARE:

* Room and Board
* Nursing Overview
* Activity Program
* Social Services
* Laundered Linen and Bedding
* Personal services required for the health, safety, good grooming, and well-being of the resident
* Housekeeping Services
* Maintenance Services
* Therapeutic diets under the direction of a Registered Dietitian
* Mail delivery Monday through Friday (except Holidays)
* Mail forwarding following discharge
* Personal funds management when requested in writing
* Transportation to meet medical needs of resident (as outlined in the admission packet)

ADDITIONAL SERVICES AVAILABLE BUT NOT INCLUDED IN THE DAILY RATE

* Daily newspaper - Brattleboro Reformer rates
* Beauty/Barber Salon - Rates are posted in the Salon
* Private telephone - Verizon Service fees
* Physical, Occupational and Speech Therapy
  Initial evaluation $125, Additional treatment units at $25 per unit (15 minutes)
  If Medicare reimbursement is appropriate charges will be billed to Medicare
* Dental Services - Rates will vary according to needs
* Laboratory Services - Brattleboro Memorial Hospital - BMH rates
* X-ray Services - Brattleboro Memorial Hospital - BMH rates

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

THOMPSON HOUSE SERVICES/FEES

Private Daily Room Rate $270.00
Semi-Private Daily Room Rate $265.00

SERVICES INCLUDED IN THE DAILY RATE ARE:

* Room and Board
* Activity Program
* Housekeeping Services
* Laundry Services
* Personal Funds Management
* Personal services required for health, safety, good grooming and well-being of resident
* 24-hour Nursing Care
* Social Services
* Maintenance Services
* Therapeutic Diets as ordered
* Mail Delivery/Forwarding
* Hospital Transfers when ordered by physician to Hospital of resident's choice

ADDITIONAL SERVICES AVAILABLE BUT NOT INCLUDED IN THE DAILY RATE

* Daily newspaper - Brattleboro Reformer rates
* Beauty/Barber Salon - Rates are posted in the Salon
* Private telephone - Verizon Service fees
* Physical, Occupational and Speech Therapy
  Initial evaluation $125, Additional treatment units at $25 per unit (15 minutes)
  If Medicare reimbursement is appropriate charges will be billed to Medicare
* Dental Services - Rates will vary according to needs
* Laboratory Services - Brattleboro Memorial Hospital - BMH rates
* X-ray Services - Brattleboro Memorial Hospital - BMH rates

ITEMS NOT COVERED UNDER THE MEDICARE/MEDICAID PROGRAM

* Radio
* Television
* Private telephone
* Air conditioner
* Deodorant +
* Hair brush +
* Dry cleaning
* Notions/novelties/confection
* Social/events/entertainment offered off premises outside of Activity Program
* Personal clothing
* Personal reading material
* Flowers and plants
* Beauty/Barber services
* Denture Cream +
* Tobacco/Cigarettes
* Special Duty Nurses
* Gifts purchased for resident
* Private room

+ While the Medicare or Medicaid program does not cover these items, Thompson House will provide them as needed at no additional charge.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

SERVICES/FEES

Thompson House furnishes basic room, board, and skilled or general nursing care as required by the resident's medical condition. Any special nursing care, special equipment, pharmacy charges, and additional services and items (including, but not limited to physical, occupational or speech therapy, private telephone expenses, clothing, beauty and barber services (except for basic haircuts as needed), and newspapers) are not included within the scope of general nursing services.

Thompson House shall not charge for additional services, except for medical services required in a medical emergency without a prior written request for those services by the resident or his/her responsible party/sponsor. Physician services may be provided by a licensed physician selected by the resident provided that the physician agrees to abide by any and all medical staff bylaws, policies and procedures, regulations and guidelines which Thompson House or its Medical Director may establish.

Initial payment is generally made at the time of admission for a thirty (30) day period. Some residents may be eligible for either Medicare or Medicaid coverage for their stay in Thompson House and initial payment is not required of these residents.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.
Thompson House

ROOM RATES *as of August 1, 2014
Thompson House
Level I and II
Skilled and Intermediate Care Nursing Community

PRIVATE ROOMS
$280.00 daily*

SEMI-PRIVATE ROOMS
$275.00 daily*

Total of 43 beds available in 12 semi-private rooms (24 beds)
and 19 private rooms (19 beds)
****

ROOM RATES as of August 1, 2014
Thompson Residential Home
Level III
Residential Care Home with Nursing Overview, Basic Rate

Room Numbers
200, 203,
212,213. 214
215, 216, 221, 223

$113.00 daily

Room Numbers
201, 202, 217, 218
219, 220, 222, 224

$115.00 daily
All 17 rooms are private rooms

Level of Service *	Basic	Intermediate	High
Room Numbers: 200, 203, 212, 213, 214, 215, 216, 221, 223	113	126	146
Room Numbers: 201, 202, 217, 218, 219, 220, 222, 224	115	128	148

* Level of Service is defined as the level of the Functional Assessment.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House, Thompson Residential Home

PHYSICIAN'S STATEMENT

****

PATIENT NAME ATTENDING PHYSICIAN

****

DIAGNOSIS AND MEDICAL PROBLEMS:
(Or copy of latest history and
physical or discharge summary)

| IMMUNIZATIONS - DATE
| Flu _____
| Pneumo
| Vaccine _____
| PPD _____
| Chest X-ray _____
| Other
|
|

****

PAST HISTORY

Cancer __ Heart Trouble __ Tuberculosis __
Diabetes __ Mental Illness __ Drug Abuse __
Epilepsy __ Alcoholism __ Other _____

****

FOOD ALLERGIES | TREATMENTS | MEDICATION ORDERS
| | Include dosage, route,
| | and frequency of
DIET: | administration.

****

DISABILITIES AND IMPAIRMENTS:

Paralysis ___
Contracture ___
Vision ___
Speech ___
Hearing ___
Understanding ___
Incontinence ___
Other ___

PATIENT USES:

Hearing Aid ___
Prosthesis ___
Glasses ___
Dentures ___
Cane ___
Walker ___

BEHAVIOR:
Noisy ___ Depressed ___ Reliable ___
Confused ___ Other _____

| DRUG ALLERGIES:

****

ASSISTANCE NEEDED: ___ Ambulation ___ Dressing ___ Bathing ___ Toileting
___ Grooming ___ Eating ___ Other

****

LEVEL OF CARE: Level I/II _____ Thompson House
Level III _____ Thompson Residential Home

****

REASON(S) FOR ADMISSION:

****

MAY ___ MAY NOT ___ ADMINISTER OWN MEDICATIONS

****

PHYSICIAN SIGNATURE: _____ DATE: _____

HEALTH CARE DECISION MAKING FOR NURSING HOME RESIDENTS

THOMPSON HOUSE

RESIDENT'S NAME: _____

PHYSICIAN'S NAME: _____

RESIDENT DIAGNOSIS: _____

HAS THE RESIDENT, TO YOUR KNOWLEDGE, ANY OF THE FOLLOWING?

	YES	NO	Filed Where?
Living Will	_____	_____	_____
Durable Power of Attorney HC	_____	_____	_____
Guardian	_____	_____	_____
Conservator	_____	_____	_____
Other	_____	_____	_____

NAME AND ADDRESS OF SURROGATE:

Durable Power of Attorney: _____

Guardian: _____

Conservator: _____

Other Surrogate: _____

****

PHYSICIAN'S STATEMENT

****

1. Were the following health care decisions discussed with the resident? _____YES _____NO
2. If not, is it because you believe the resident is incompetent or unable to make any decisions? _____YES _____NO
3. The reason resident is unable to make these decisions is because the resident is _____ unwilling, _____ unable to comprehend, _____ legally incompetent, _____ (please state other reason) _____.
4. If the following decisions were made by any others besides the resident, who was involved? _____.
5. List any specific modalities of treatment that the resident or surrogate have decided are inappropriate for him/her._____
6. Under what circumstances should this resident be transferred to the hospital? _____
7. Advance directives: Per the resident's advanced directives YES____ NO____

Do not resuscitate	_____	Feeding restrictions	_____
Do not hospitalize	_____	Medication restrictions	_____
Organ donation	_____	Autopsy request	_____

DATE: _____ _____

Signature of Attending Physician

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House, Thompson Residential Home

PARTICIPATING PHYSICIANS

The following Physicians currently see residents in Thompson House and Thompson Residential Home. This does not mean they are taking new patients. Call to see if they are accepting new patients.

SCZESNY, MARTINA, M.D.
63 BELMONT AVE
BRATTLEBORO, VT
(802) 258-4922AVE

BACKUS, ROBERT W., MD
ROUTE 30
TOWNSHEND, VT 05353
(802) 365-4331

BARSTOW, ALEXANDRA, MD
GRACE COTTAGE FAMILY HEALTH
P.O. BOX 216
TOWNSHEND, VT 05353
(802) 365-4331

BLOFSON, TONY, MD
120 MAPLE STREET
BRATTLEBORO, VT 05301
(802) 254-1311

BURGESS. KATHLEEN, MD
63 BELMONT AVENUE
BRATTLEBORO, VT 05301
(802) 254-8300 - FAX

LINDER, MOSS, MD
GRACE COTTAGE HOSPITAL
P.O. BOX 216
TOWNSHEND, VT 05353
(802) 365-4331

PAASCHE, DENISE, MD
120 MAPLE STREET
BRATTLEBORO, VT 05301
(802) 254-1311

SHAFER, TIMOTHY, MD
P.O. BOX 206
TOWNSHEND, VT 05353
(802) 365-4354 - FAX 365-9435

TAYLOR-OLSON, CAROLYN (Medical Director)
19 BELMONT AVE.
BRATTLEBORO, VT 05301
(802) 275-3640

****

LIBOW, KIMBERLY, DPM, PODIATRIST

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

MEDICAID FINANCIAL ELIGIBILITY GUIDELINES

The following is a copy of some of the Medicaid eligibility guidelines from the Vermont DCF/ESD office. It is not the intention of Brattleboro Mutual Aid Association, Inc. to verify eligibility for Medicaid, nor are we able to. The guidelines listed below are subject to change. For further information, or to obtain a Medicaid application for Long Term Care in Windham County, please call the Brattleboro DCF/ESD office at (802) 257-2820.

ASSET LIMITATION: An individual is allowed total assets not to exceed $2,000.

ASSETS INCLUDE All bank accounts: savings and checking accounts; money market certificates; cash on hand; stocks; bonds; mutual funds; trust funds; credit unions; personal needs accounts held in nursing homes; and the cash surrender of life insurance policies when the total face value of all policies exceed $1,500; and second parcels of property unless income producing or for sale for fair market value.

If combined assets exceed the Vermont limitation, a person may adjust assets in the following manner:

(1) If over the asset limitation because of spousal banking accounts, the co-owners have the right to adjust the account by separating allowable portions of the funds into their own account under their own names.

(2) If over the asset limitation because of the cash surrender value of life insurance policies and there are NO burial accounts, up to $10,000 may be excluded from the cash surrender value of the life insurance policy(ies).

(3) If a person has a prepaid funeral account of under $1500, he/she may set up a separate account in which the total amount of the prepaid funeral account and the new account equals $1500.

Please note: Medicaid does not cover room and board costs for Thompson Residential Home. Payment is private pay only.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House * Thompson Residential Home
80 Maple Street, Post Office Box 1117
Brattleboro, Vermont 05302-1117

FINANCIAL STATEMENT
CONFIDENTIAL DATA APPLICATION

Each applicant, whether single or married, is required to complete this form.

The Brattleboro Mutual Aid Association, Inc., a Vermont corporation, respects the privacy of every applicant and does not wish to intrude into any applicant's personal financial circumstances other than to determine that the financial requirements for the applicant's personal and medical needs can be adequately met.

Disclosure is required of the applicant's total estate. A statement of financial resources from a bank trust officer or other financial advisor (i.e. accountant, attorney) in lieu of completion of Part II of this form is acceptable. All financial information will remain confidential.

Part I

1. Applicant

Name: A. _____

B. _____Relation _____

Address: (Home) _____
(Tel) _____

(Bus) _____
(Tel) _____

2. The following advisors and their firms (give names & addresses) may be consulted regarding my application for admission.

Applicant

Bank _____
Address _____
Telephone (___) _____

Investment Advisor _____
Address_____
Telephone (___) _____

Trustee _____
Address_____
Telephone (___) _____

PART II

The following financial information must be answered in full (and, if completed by the applicant's financial advisor, signed by him or her). In lieu of completing the following questions, the applicant may submit a statement of financial resources from a trust officer or financial advisor setting forth substantially identical information to that requested in the questions below.

Financial Statement, Page Two.

1. Please list financial resources for monthly charges, maintenance fees and personal living expenses.

A. INVESTMENTS

	Principal	Monthly	Income Annual	Source
Securities (Attached)	$_____	$_____	$_____	_____
Stocks	$_____	$_____	$_____	_____
Rental Property	$_____	$_____	$_____	_____
Bank Accounts & Cash Equivalents	$_____	$_____	$_____	_____
Trust Funds	$_____	$_____	$_____	_____
Other (include value of home)	$_____	$_____	$_____	_____

B. FIXED INCOME

Social Security	$_____	$_____	_____	
Pension	$_____	$_____	_____	
Veteran's Benefits	$_____	$_____	_____	
Insurance &/or annuities	$_____	$_____	_____	
Medicaid	$_____	$_____	_____	
Supplemental Security Inc. (S.S.I.)	$_____	$_____	_____	
TOTALS Investments + Fixed Income	$_____	$_____	$_____	_____

2. List any financial commitments or debt obligations beyond usual living expenses.

_____.....$_____
_____.....$_____
_____.....$_____
_____.....$_____

Total Annual Obligation .....$_____

3. List any additional information that the Admissions Committee would find helpful. Attach an additional sheet if necessary.

I hereby authorize Thompson House Nursing Home/Thompson Residential Home and its representative to contact the above listed financial institutions for the purpose of verifying data submitted on this application.

Signature: _____Date_____

4. Signature of Financial Advisor (if appropriate)

Name_____Date_____

Firm Name_____ (Tel.) _____

Address_____

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.
Thompson House, Thompson Residential Home

CONFIDENTIALITY AGREEMENT

I hereby give permission for information to be transmitted by telephone, facsimile, in writing, or by e-mail to the Brattleboro Mutual Aid Association, Inc. (BMAA).

This permission is given in order for BMAA to consider the below named individual for admission to either Thompson House or Thompson Residential Home and is given to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. BMAA agrees to hold any information it receives in a private, confidential manner and will use the information only to assess applications for admission.

_____ _____

Potential Resident (PRINT NAME) Signature

_____

BMAA STAFF MEMBER

_____

Date