Date Rec'd _____

Saint Antoine Community

☐ **The Villa at Saint Antoine**
Assisted Living
400 Mendon Road
North Smithfield RI 02896
P. 401-767-2574 F. 401-767-2581

☐ **Saint Antoine Residence**
Long term Care / Rehab
10 Rhodes Avenue
North Smithfield RI 02896
P. 401-767-3500 F. 401-356-0209

Applicant Name:_____ Gender: ☐ Male ☐ Female

Address:_____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____ Marital Status: _____

Date of Birth: _____ Place of Birth: _____ Social Security Number: _____

Medicare Number: _____ Secondary Insurance Number: _____

Do you have Long Term Care Insurance? _____ Company:_____

Burial Plan: ☐ Yes ☐ No Funeral Director: _____ Phone: _____

Religion: _____ Place of Worship: _____

Primary Language: _____ Former Occupation: _____

NAME OF PRIMARY CONTACT PERSON: (Please indicate if Power of Attorney for Finance, Healthcare, or Guardian if applicable)

Name:_____ Relationship: _____

Address:_____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____ Legal Designation, if any: _____

EMERGENCY CONTACT: (If different from Contact Person listed)

Name:_____ Relationship: _____

Address:_____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____ Legal Designation, if any: _____

MEDICAL INFORMATION

How would you describe your present state of health? _____
_____

Primary Physician: _____ Phone: _____ Fax: _____

Address:_____ City: _____ State: _____ Zip: _____

Hospital Preference: _____

List Medical Specialist: (if applicable)
Name: _____ Specialty: _____Phone #: _____
Name: _____ Specialty: _____Phone #: _____
Name: _____ Specialty: _____Phone #: _____

List Medications you are presently taking or attach a list: _____ _____
_____ _____ _____ _____

List any Behaviors and health conditions that might require extra supervision such as wandering, elopement risk and sundowning, insulin, medications, blood pressure, skin condition:
_____
_____

Are you on a special diet? ☐ Yes ☐ No If yes, explain_____

Is incontinence a problem? ☐ Yes ☐ No If yes, explain _____

I need assistance with: ☐ Medication Administration ☐ Bathing ☐ Dressing
☐ Escort Service ☐ Housekeeping & Laundry ☐ Incontinence Management
Other-explain_____

Mobility: ☐ Independent ☐ Cane ☐ Walker ☐ Self-Propelled Wheelchair ☐ Wheelchair

FINANCIAL INFORMATION

By definition, a patient in Rhode Island is considered private paying until their individual assets are spent down to the RI Medicaid Eligibility Limit of $4000.00. Anyone who has less than $4000.00, upon application, would be eligible to apply for RI Medicaid Assistance through the RI Department of Human Services, prior to admission. In order for our home to project the Private Pay and Medicaid Census, we request your assistance in completing the following questions.

Based on the above criteria, the applicant would be: (Please circle one)

◯ Private Pay or ◯ Medicaid Eligible

INCOME	MONTHLY AMOUNT
Social Security	$
SSI	$
Pension/Annuities	$
Trust	$
Other Monthly Income	$
Total	$
LIABILITIES	
Mortgage	$
Loans	$
Other	$
Total	$

ASSETS	DESCRIPTION	AS OF (DATE)	VALUE
Real Estate Owned			$
Savings Account			$
Checking Account			$
Retirement Account			$
Stocks and Bonds			$
Other Assets			$
			$
		TOTAL ASSETS	**$**

Does the death of one applicant alter the assets of the other applicant? ☐ Yes ☐ No

Explain _____

FINANCIAL RESPONSIBILITY

Does someone other than you administer your finances? ☐ Yes ☐ No If Yes, please fill out box below

Billing contact, if not applicant:

Name:_____

Address:_____ City: _____

State: _____ Zip: _____

Home Phone: _____ Cell: _____

Relationship: _____

I understand and agree that the foregoing application is not a contract or reservation for residence. Nothing contained herein is binding on either party until a Admission/Residency Agreement has been signed by the parties hereto. All information contained in this application, is true and correct to the best of my knowledge.

_____ _____

Signature of Applicant/Responsible Party Date