

# LINCOLN HILL MANOR

53 Lincoln Street Spencer MA 01562  
(508) 885-3338

## Initial Applicant Information

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ SSN \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Medicare # \_\_\_\_\_ MA Health # \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ ID # \_\_\_\_\_

Home Address \_\_\_\_\_

Current Address \_\_\_\_\_

## Contacts

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

Address \_\_\_\_\_

3. Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

4. Power of Attorney (POA)? \_\_\_Y \_\_\_N

POA Name \_\_\_\_\_ POA Telephone \_\_\_\_\_

5. Physician Name \_\_\_\_\_ Telephone \_\_\_\_\_

|                             |                                    |   |                                     |
|-----------------------------|------------------------------------|---|-------------------------------------|
| <b>Current Mental State</b> | <input type="checkbox"/> Alert     | <input type="checkbox"/> Agitated               | <input type="checkbox"/> Withdrawn  |
|                             | <input type="checkbox"/> Oriented  | <input type="checkbox"/> Cooperative            | <input type="checkbox"/> Suicidal   |
|                             | <input type="checkbox"/> Confused  | <input type="checkbox"/> Uncooperative at times | <input type="checkbox"/> Pleasant   |
|                             | <input type="checkbox"/> Forgetful | <input type="checkbox"/> Combative              | <input type="checkbox"/> Aggressive |
|                             | <input type="checkbox"/> Rational  | <input type="checkbox"/> Violent                |                                     |

Memory loss \_\_\_\_\_ Short Term \_\_\_ Long Term

Does applicant ambulate independently? ..... \_\_\_Y \_\_\_N

Does applicant use a personal walker or a cane?..... \_\_\_Y \_\_\_N

Can applicant do four stairs? ..... \_\_\_Y \_\_\_N

Can applicant do a flight of stairs? ..... \_\_\_Y \_\_\_N

Does applicant currently have physical/occ. therapy?..... \_\_\_Y \_\_\_N

Has applicant been having hallucinations or arguments?..... \_\_\_Y \_\_\_N

Has applicant been striking out or exhibiting violent behavior? ..... \_\_\_Y \_\_\_N

Has applicant been having delusions, depression, agitation? ..... \_\_\_Y \_\_\_N

Is applicant cognitively impaired?..... \_\_\_Y \_\_\_N

Does applicant have any prosthetic devices? \_\_\_\_\_Y \_\_\_N Specify: \_\_\_\_\_

Does applicant have any rashes or skin issues? \_\_\_\_\_Y \_\_\_N Specify: \_\_\_\_\_

Does applicant have any Edema? \_\_\_\_\_Y \_\_\_N Where: \_\_\_\_\_

Please list Falls in the past year, circumstances, and any injuries:

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

**Current Diagnoses/Medications**

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

**Monthly Income**

|                          |          |
|--------------------------|----------|
| Social Security          | \$ _____ |
| VA Pension               | \$ _____ |
| Pension                  | \$ _____ |
| Long Term Care Insurance | \$ _____ |
| Other                    | \$ _____ |
| Total Income             | \$ _____ |

**Expenses**

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

**Veteran Information**

|                                  |         |                 |       |
|----------------------------------|---------|-----------------|-------|
| Is applicant a veteran?          | __Y __N | VA Contact Name | _____ |
| Is applicant's spouse a veteran? | __Y __N | VA Contact Tel. | _____ |
| Dates of Service                 | _____   |                 |       |

**Assets**

- Name of bank \_\_\_\_\_ Account # \_\_\_\_\_  
Account type \_\_\_\_\_ Current balance \$ \_\_\_\_\_
- Name of bank \_\_\_\_\_ Account # \_\_\_\_\_  
Account type \_\_\_\_\_ Current balance \$ \_\_\_\_\_
- 401K/Pension Balance \$ \_\_\_\_\_ Details \_\_\_\_\_
- Trust Fund Balance \$ \_\_\_\_\_ Details \_\_\_\_\_
- Investment Account Face Value \$ \_\_\_\_\_ Details \_\_\_\_\_
- Stocks and Bonds Face Value \$ \_\_\_\_\_ Details \_\_\_\_\_
- Does applicant own a car? \_\_Y \_\_N Car Face Value \$ \_\_\_\_\_
- Does applicant own a home? \_\_Y \_\_N Home Face Value \$ \_\_\_\_\_  
Home Mortgage \$ \_\_\_\_\_ Lien on Home \_\_\_\_\_
- Does applicant have life insurance? \_\_Y \_\_N Insurance Cash Value \$ \_\_\_\_\_
- Other assets \_\_\_\_\_ Face Value \$ \_\_\_\_\_

**Transferred Assets**

Has applicant transferred assets to another person in the last 5 years?

| List Persons | Asset | Asset/Value |
|--------------|-------|-------------|
| _____        | _____ | _____       |
| _____        | _____ | _____       |
| _____        | _____ | _____       |