



Applicants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Marital Status: S  D  W  M  SSN#: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Other Health Insurance Provider: \_\_\_\_\_

ID #: \_\_\_\_\_ Provider #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Do you have Long Term Care Insurance? Yes  No

Are you enrolled in the State of Vermont Choices for Care Program? Yes  No

If yes, name of caseworker and agency: \_\_\_\_\_

Are you being admitted from home? Yes  No

Do you have Home Health Services? Yes  No

If yes, name of home health provider and organization: \_\_\_\_\_

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**Contact Information:**

Name of Legal Financial Representative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Legal Health care Representative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Power of Attorney: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Contact Information (children, relatives or friends involved in your care)**

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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Do you have a Living Will or Advanced Care Directive? Yes  No

CPR  DNR

Do you have funeral arrangements made? Yes  No

If yes, name of funeral home: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Do you suffer from incontinence? Urine  Bowel  Both

Do you currently have Dentures? Yes  No

Upper  Lower  Both

Do you currently use Hearing Aids? Yes  No

Left  Right  Both

Do you use alcohol? Yes  No  Do you use tobacco? Yes  No

Do you need assistance with transfers? (Ex: sitting to standing, in/out of bed)

Yes  No  Sometimes

Do you need assistance getting dressed?

Yes  No  Sometimes

**Financial Information**

To assist with your financial planning during your stay at Brownway Residence, please complete the following:

(Per Month)

Social Security	\$	Retirement/Pension	\$
SSI	\$	Annuities/Investments	\$

Admissions Application

**Real Estate Assets**

Do you own a home? Yes  No

If yes, what is the approximate value: \$ \_\_\_\_\_

Is the property co-owned? Yes  No

If yes, what is the co-owners name: \_\_\_\_\_

Do you own additional property? Yes  No

If yes, what is the approximate value: \$ \_\_\_\_\_

**Life Insurance Cash Value:**

Do you have life insurance policies with cash value? Yes  No

If yes, cash value is: \$ \_\_\_\_\_

**Cash Assets in Banks, Credit Unions, Savings and Financial Institutions**

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Name on Account: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Name on Account: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Location: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Name on Account: \_\_\_\_\_

PRIVACY ACT STATEMENT: The information on this application is to be used by Brownway Residence to assist in determining eligibility and suitability of the applicant for residency at Brownway and services which may be required. The Vermont Department of Aging and Disabilities licenses Brownway Residence, and thus is entitled to access the resident's records for the purpose of licensing and qualification. Appropriate authorization will be obtained from the applicant, or the applicants legally authorized representative, prior to release of information on this form to persons or entities other than the Department of Aging and Disabilities and Brownway Residence.