Dear prospective resident:

We appreciate that the point in your life when you transition from full independence to an assisted living environment may be stressful. We’ve streamlined the application process to Pyareo Home as much as possible, but it is still a two part process, with many steps at each part. We’ve found that this process ensures fairness and satisfaction for everyone, and we hope you will have patience as we go through them together.

Your application package contains the following documents:

· An application form which you fill in and send back to us
· Pricing sheets that explain rates charged for various services
· “Statement of Principles for Pyareo Home”, which outlines the philosophy of Pyareo Home
· “Residency at Pyareo Home”, which explains the admission and residency criteria

This overview gives you a step by step explanation of the application process we use at Pyareo Home. This process has two parts:

PART ONE. Initial Assessment

The first part involves an initial assessment whether you and Pyareo Home are a good match. The way you and our admissions team determine this is as follows:

· You submit your completed application form, which includes a medical health review provided by your physician, brief financial information, and other relevant personal information.
· We’ll review this information with our administrative and nursing staff; and may ask you to elaborate on anything that needs clarification.
· We very much prefer that you make a short initial visit to Pyareo Home as a guest, preferably with a family member or a friend. This way, you can experience life at Pyareo Home firsthand, talk things over with your family member or friend, as well as with staff and current residents, and get a sense of the local area. This will also enable you and our administrative team to talk leisurely about your concerns, and about the application process in general. You will be expected to pay for your trip here, but once you are here, there is no charge to you for room or board, you and your friend will be our guest.
· As indicated in the enclosed documents, it is the philosophy of Pyareo Home that, in a perfect world, the best environment for an elderly or disabled person is with his or her immediate family, because familial love tends to make the transition to dependency much easier. Therefore, if you have immediate family, we will ask whether you have all considered this alternative.
· If living with relatives is clearly not feasible, we will ask your family to maintain strong contacts with you, and if you require financial assistance, that they help you financially as much as they can.
· Pyareo Home serves a lacto-vegetarian diet exclusively, and we will want to confirm that you will be satisfied with this diet. Smoking, recreational drugs, and alcohol consumption are not permitted.
· We encourage you to study the documents describing the philosophy of Pyareo Home and the admission criteria, and that you ask any questions that arise for you.
· Finally, we will assess your health situation, and will determine whether we can offer the level of care that you need.
Based on the information you provide us on the forms, and our discussions, we collectively determine whether Pyareo Home would be a good fit for you. If there is a good potential match, then we continue to the second part of the application process.

Please note that although you provide basic financial information on the Application Form, that your financial criteria are not used as a basis to determine if you are a good fit for Pyareo Home. We are seeking “kindred spirits” who will both appreciate, and honor the guidelines that have been set up. If the fit is good in these dimensions, finances will have no bearing on our decision for Part I of the process.

PART TWO. Financial Assessment

The second part involves reviewing your financial condition in greater detail, and drawing up various documents.

· As you may already be aware, it is quite costly to maintain an assisted living facility, because of staffing around the clock, state regulatory requirements, administrative overhead, cost of maintaining the building and grounds, insurance, utilities and so on. These costs must be covered by residents, and as necessary, supplemented by our donors. Pyareo Home is a nonprofit organization, therefore residents’ fees (i.e. “service fees”) are totally a function of the cost of maintaining the facility.

· To the greatest extent possible, we ask that as a resident, you cover as much of the service fees as possible, because donations are limited and must go a long way. We ask for “fair dealing” in this regard, and promise that on our part we’ll do the same.

· We will examine the social security, disability or Medicaid funds that may be available to you, and we will make an initial guess whether you might qualify for the financial assistance program provided by the State of New Hampshire.

· If your financial situation does not enable you pay full “fees”, we will turn to your immediate family for financial help. While your family is not legally obligated to help you financially, we appeal to them in the spirit of “fair dealing” for such help.

· When all your sources for financial help have been assessed, and you still cannot meet the full fees, we may provide a financial subsidy to you, to make up the difference between what you can pay and the cost of providing services for you.

· Once the financial issues are settled, we will ask you to identify your support network, and the person who will be your primary advocate when needing to consult regarding financial, health care or other private matters.

· We’ll also ask you to designate a person to act on your behalf under a durable power of attorney (DPOA).

· After all other items regarding your admission (such as health reports, arrangements regarding pets, etc.) have been sorted out, we will draw up a contract that summarizes all points that we have agreed to.

Thank you for considering Pyareo Home!
Pyareo Home, Inc.
Application for Admission

General Information

Last Name  First  Middle  Date

|   |   |

Address  City  State  Zip  Phone

|   |   |   |

Date of Birth  Sex  Marital Status  S. S. #

Do you/ Are you willing to, abstain entirely from meat, fish, foul or eggs?  Y  N

Do you/ Are you willing to, abstain entirely from the use of tobacco and alcohol?  Y  N

Are you interested and open to community living?  Y  N

What are your interests/ hobbies?

What are your religious/spiritual affiliations?

What skills/talent and training/knowledge do you possess that you would be willing to share with the home and/or community?

Please List All Nearest Relatives: If you need more room, please attach an additional sheet.

Name: _______________________________ Relationship: _______________________________

Address: _______________________________

City  State  Zip

Phone: (____)_____________ (____)_____________ Home  Work

Name: _______________________________ Relationship: _______________________________

Address: _______________________________

City  State  Zip

Phone: (____)_____________ (____)_____________ Home  Work

Updated 4/08/2016
Medical Information

NH State law requires a comprehensive health examination by a licensed practitioner within 30 days prior to admissions. We will supply the necessary forms at that time.

Current Physician: _____________________________ Phone: (____) __________________

Address: __________________________________________

Will your personal physician attend here? Yes ______ No ______

Neurologist/Psychiatrist: ___________________________ Phone: (____) __________________

Address: _________________________________________

Eye Doctor: ___________________________ Phone: (____) __________________

Address: _________________________________________

Dentist: ___________________________ Phone: (____) __________________

Address: _________________________________________

Personal Assessment

Hearing:

☐ Very Good ☐ Fair ☐ Poor ☐ Use aid ☐ None

Vision

☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ None

Please list vision rating if known: _______ / _______

Ambulation:

Do you use a cane? ☐ Often ☐ Occasionally ☐ Never
Do you use a walker? □ Often □ Occasionally □ Never

Do you use a wheelchair? □ Often □ Occasionally □ Never

Mental/Emotional Condition

Are you generally mentally: □ Alert □ Confused □ Very forgetful

What best describes your overall disposition: □ Introverted □ Extroverted

Any special needs or concerns of which we should be aware? ________________________________

Special dietary needs? ________________________________

Financial Information

Person responsible for paying the bill (if other than resident):

Name: ________________________________ Relationship to prospective resident: __________

Address: __________________________________________

City: __________________________ State: __________ Zip: __________

Phone: ( ) __________ Work: ( ) __________

If someone has been appointed Power of Attorney or Guardianship please answer:

Name of Individual: __________________________________________

Address: __________________________________________

To what extent? __________________________________________

Have you prepared an advanced directive? Yes_____ No_____

Type: __________________________________________

Medicare #: _________________ Date___________ □ Part A □ Part B

Medigap # ______________________ Medicare supplemental insurance: ______________________

Prescription card ______________________ Policy #: ______________________
Application for Admission
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Long-term care insurance ___________________ Policy # ___________________

Other insurance ___________________ Policy # ___________________

→ Monthly income

Social security: ___________________ $____________________

Civil Service retirement: ___________________ $____________________

V.A. pension: ___________________ $____________________

Rental Income: ___________________ $____________________

Other: ___________________ $____________________

→ Cash Assets (banks, credit unions, etc.) Please attach list if more room is needed.

Institution ___________________ Address ___________________

Type of account ___________________ Balance $____________________

Names on account ___________________

Institution ___________________ Address ___________________

Type of account ___________________ Balance $____________________

Names on account ___________________

→ Real Estate

Does prospective resident own home? Yes_____ No _____ Approx. Value $____________________

Are you co-owner of any other property? Yes_____ No _____

Name(s) of co-owners: ___________________

Address of co-owners: ___________________

Do you own any additional property? Yes_____ No _____ Approx. Value $____________________

→ Funeral Arrangements

Have you made pre-paid funeral arrangements? Yes _____ No _____
Amount in burial account: $____________________

Name of funeral home: ___________ Phone (____) _____________________

→ Other Assets/ Investments (stocks, bonds, IRA’s)

Name of company ________________________________ $ __________
Address: __________________________________________

Name of company ________________________________ $ __________
Address: __________________________________________

Name of company ________________________________ $ __________
Address: __________________________________________

I hereby certify that to the best of my knowledge, the above stated information is complete, true and correct. I understand that if any information has been intentionally falsely represented my application or residency may be terminated. All information will be kept confidential by Pyareo Home Inc., to the extent required by law and except as necessary for the administration of the home.

Signature of Prospective Resident ______________________________ Date __________

Signature of Sponsor/Guarantor ______________________________ Date __________

Pyareo Home Administrator ______________________________ Date __________

Pyareo Home, Inc. guarantees that no person shall be denied participation and/or benefits or otherwise be subject to discrimination on the basis of race, creed, color, national origin, disability, age, or veteran status in the provision of care for residents or with regards to employees, but does insist upon respect for and non-interference with the meditative environment that the home was established to provide for its residents.

Please include the following materials with this application form:
- A completed Authorization for Release of Information Form
- A $100 non-refundable Application Fee

Updated 4/08/2016
Authorization for Release of Information

Name of Facility under Request: ________________________________

Address: __________________________________________________
          Street/PO Box _______________________________________
          City/town __________________________ ( ) _______________
          State ___________ Zip ___________ Phone ______________

I hereby give permission to release all my medical information to date in
your possession, including but not limited to: my discharge summary,
history, physical, consultation reports, diagnostic studies, and other
treatments, such as; for mental health, alcohol or drug abuse to the
following:

Pyareo Home, Inc.
Attn: Serena Clairmont, RN Administrator
333 Brook Road
Sanbornton, NH 03269
Telephone: (603) 934-2300 Fax: (603) 934-7009

This information is required to conduct an assessment, pending admission
to the Home, and you are hereby relieved from any legal liability. Your
prompt attention is greatly appreciated.

Applicant: ____________________________________________ Date: ______________

Print Name: __________________________________________ DOB: ______________

          Soc. Sec. #: __________________

Signature of Responsible Person: ____________________________

Date: _______________ Relationship: _______________________

Updated 08/13/2016