Application for Admission

The following application is for admission to our facility. Please complete this application and return it to the Admissions Office. Criteria for admission are the same for all persons without regard to race, religion, gender, national origin, age, physical or mental impairment.

Applicant Name: _____
(Please print) (Last) (First) (Middle)

Date of Birth: _____ *Gender:*_____

Social Security Number: _____

Current Address: _____
(Street)

_____

(City) (State) (Zip)

Emergency Contact

(Please indicate who will be responsible for paying on behalf of the resident)

Full Name: _____

Relationship to Applicant: _____

Address: _____
(Street)

_____

(City) (State) (Zip)

Phone Number: _____

Email Address: _____

Financial / Billing

The monthly private pay rate at Steere House is approximately $15,000.00 for Room & Board only. There may be additional ancillary, medication, or miscellaneous charges during the resident's stay. For an individual to qualify for RI Medicaid they must have less than $4,000 in assets.

Please provide the following information:

Source of Payment (Check all that apply):

[ ] Private Pay [ ] Long-Term Care Insurance [ ] Medicaid (Pending or Approved)

[ ] Other: _____

Is the applicant currently on Medicaid? [ ] Yes [ ] No [ ]

If no, is there a Medicaid Application Pending? [ ] Yes [ ] No

Medicaid ID Number: _____

Total Monthly Income: $ _____

Source: [ ] Social Security [ ] Pension [ ] Annuities [ ] Other: _____

Assets:

Checking Account	*$*
Savings Account	*$*
Investment Accounts	*$*
Real Estate (Primary)	*$*
Other Real Estate:	*$*
Other Assets:	*$*

The following supporting documents must be included:

- *Most recent 3 months of bank statements (all accounts)*
- *Verification of monthly income (e.g., Social Security, pension)*
- *Copy of long-term care insurance policy (if applicable)*
- *Latest investment statements (if applicable)*
- *Documentation of real estate ownership (if applicable)*
- *Power of Attorney documentation (if applicable)*

Acknowledgment

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that this application and supporting documents are required for consideration of admission to Steere House.

Signature of Applicant or Legal Representative: _____

Date: _____

Please provide any additional information you would like to provide to Steere House for further consideration of the application:

_____

_____

_____

_____

Internal Use Only: Application Approved [ ] Yes [ ] No Signature: _____