

ARIZONA PIONEERS' HOME

300 South McCormick St.

Prescott, AZ 86303

PRE-ADMISSION PERSONAL DATA & SOCIAL HISTORY RECORD

Please answer the following question related to statutory requirements for admission.

I am 70 years of age or older and have lived in Arizona 50 or more years: Yes _____ No _____

Name of Applicant: _____

Mailing Address: _____

County of Residency: _____ Phone: (include area code) _____

Birthdate: _____ Age: _____ Birthplace: _____

Year You Came to Arizona: _____ How Many Years Have You Lived in Arizona? _____ years

When Would You Be Ready to Enter the Home? _____

Marital Status: M ___ W ___ D ___ S ___

Veteran: ___ Yes ___ No Dates of Service: _____ to _____ V.A. File # _____

Names of Current/Past Spouse:

1. _____ 2. _____

3. _____ 4. _____

List Your Major Occupation and Longest Term Employer:

Occupation: _____

Employer: _____

Employer Address/Phone: _____

Father's Name: _____ Birthplace: _____

Mother's Name: _____ Birthplace: _____

Who would be the responsible party to assist with your finances if you were not able?

Is this individual a documented signer on your accounts at present? ___ Yes ___ No

Who will be responsible for your estate? _____

Address/Phone: _____

Have you granted Power of Attorney? ___ Yes ___ No

If yes, to whom?

IMMEDIATE FAMILY

(List your family members or other contact persons in the order you would want them notified in an emergency.)

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Phone: _____

4. Name: _____ Relationship: _____

Address: _____ Phone: _____

Will you accept the Arizona Pioneers' Home staff physicians? ____ Yes ____ No

If no, local physician's name whom you will be using: _____

Address/Phone: _____

Social Security Number: _____ Medicare Number: _____

Supplemental Insurance Carrier and Number: _____

(A supplement to Medicare, covering physician and hospital charges is required.)

Have you signed up for Medicare Part D? ____ Yes ____ No If yes, provider: _____

Do you have a will? ____ Yes ____ No Location: _____

Do you have a Living Will? ____ Yes ____ No

Does it specifically address your wishes regarding the administration of or withholding CPR? __ Yes __ No

Have you assigned Medical Power of Attorney? ____ Yes ____ No

If yes, to whom? _____

Address/Phone: _____

Mortuary: (Even if you have a mortuary in another city, it is necessary to choose one in Prescott to handle local arrangements.)

Prescott: _____
Name Address City/State/Zip Phone

Other: _____
Name Address City/State/Zip Phone

Cemetery: _____
Name Address City/State/Zip Phone

Are your mortuary and/or funeral expenses prepaid in full? ____ Yes ____ No

ARIZONA PIONEERS' HOME FINANCIAL BACKGROUND QUESTIONNAIRE

(Must be submitted at the time of application to the AZ Pioneers' Home)

Applicants admitted to the Home pay according to their ability. Having too much or too little in the way of assets or income does not eliminate anyone from being eligible to be a resident. In calculating what an individual will pay to live at the Home, though, all income, and assets that are owned within two years prior to admission, must be considered. Therefore, applicants are required to answer the following questions to establish their income and assets at the time of application. Prior to admission applicants are asked to update this information.

Applicant's Name: _____

Is Social Security your only source of income? No____ Yes____ Amount: \$_____

If you said, "YES," you are done with this Questionnaire. Continue if you said, "NO."

Do you receive a pension? No____ Yes____ Amount: \$_____ From whom? _____

Do you receive any interest income? No____ Yes____ Approximate monthly income: \$_____

From (check all that apply): _____checking account balance:\$_____

_____savings account balance:\$_____

_____certificate(s) of deposit balance:\$_____

_____loans to others balance:due:\$_____

_____other: _____ balance:\$_____

Do you own a home? No____ Yes____ If yes, approximate value: \$_____

Mortgage? No____ Yes____ Amount: \$_____

Note: Applicants who own homes do not have to sell the home upon admission, however if homes are not sold, rental income will be added as part of monthly income, even if the home is not rented because a home is considered an income producing asset. If the home is sold, proceeds after all expenses must be put into an interest earning account so the interest can be added as part of monthly income.

List all property jointly owned by you and

others _____

% or value of your portion: _____

Do you receive any rental income? No____ Yes____ Amount: \$_____

Value of rental property \$_____ Cost to maintain (taxes, ins., etc.) \$_____

List any other income you receive and source: _____

List any other asset you own that can or does produce income: _____

Amount: \$_____

Note: Residents keep \$175 of their monthly income as a spending allowance. Therefore, this may not be sufficient an amount for applicants with excessive monthly obligations such as charge card balances. Such debts should be paid off before admission.

ARIZONA PIONEERS' HOME PRE-ADMISSION QUESTIONNAIRE

(Must be submitted at the time of application and is must be updated if admission does not take place within 3 months.)

Tell us about your ambulation (how you walk):

Do you have any visual problems that affect your daily living?

Do you require any special equipment to perform your daily activities?

Does your hearing affect your daily living?

Does anyone provide assistance to you in daily living? Explain in reference to:

Taking medications _____

Housework _____

Shopping _____

Meals _____

Bathing _____

Dressing _____

Going to the bathroom _____

Do you have incontinence of bowel and/or bladder? Explain.

Are you receiving any regularly scheduled medical treatments? Explain.

To assist in determining compatibility with a roommate, please tell us:

Do you use any tobacco products? Explain _____

Do you drink alcohol? _____ Explain frequency _____

(Please continue on the back if necessary to answer any of these questions.)