

**Application for Admission
Rockingham County Rehabilitation & Nursing Center**

Applicant's Name: _____
 Primary Address: _____
 Other Address (if living with someone): _____
 Hospital/Rehab Hospital being referred by: _____
 Telephone No./Social Worker @ Hospital: _____

Personal Information Regarding Applicant:
 Male Female DOB: _____
 Marital Status: S M W Sep. Div.
 Primary Physician: _____

 Specialist: _____

(Address and Tel. No.)

Primary Language:
 English: Other: _____
 Any special needs required: _____

Contact Person Regarding this Application:
Name: _____
Address: _____

 Relationship: _____ Tel. No.: _____
2nd Contact: _____
Address: _____

 Relationship: _____ Tel. No.: _____

Responsible Person/Legal Guardian/DPOA:
 Legal Guardian
 Durable POA (Health)
 Durable POA (Finances)
Name: _____
Address: _____
 Relationship: _____ Tel. No.: _____
 Is DPOA for health activated? Yes No
(Provide copies of above documents)

Advanced Directives in Place:
 Living Will
 Do Not Resuscitate
 Do Not Hospitalize
 Organ Donor
 Feeding Restrictions
 Medication/Treatment Restrictions
 (Explain): _____

Living Arrangements:
 Lives alone or Other: _____

Prior Hospitalizations/In-home Services:
 Rehabilitation Services
 Home Health Services
 VNA Services
 Mental Health Services
 Private Duty/Other

Insurance Information for Nursing Home Stay:
 Private Funds (advance payment required)
 Medicaid No. _____
 Medicare No. _____
 Medicare Replacement Carrier: _____

 Social Security No. _____
 VA No. _____
Supplemental Insurance:
 Ins. I.D. No.: _____
 Name/Address Supplemental Insurance: _____

Enrolled in Medicare "D" Prescription Drug Program: Yes No
Name: _____
(Provide copies of all cards; front and back)
Monthly Income Source(s)/Assets:
 Social Security check \$ _____
 Pension check \$ _____
 Name/Address of Pension Company: _____

Assets:	Value:
Real Estate:	\$ _____
Savings Account:	\$ _____
Checking Account:	\$ _____
Retirement Account:	\$ _____
Stocks/Bonds:	\$ _____
IRA/CD:	\$ _____
Have you transferred/gifted assets within last 5 yrs? Yes _____ No _____	
<i>(Copies of most recent statements required)</i>	

Diagnoses (list all):

Medications (list all):

Comments/pertinent information explaining why this person needs to be placed in a nursing home:

COMMUNICATION

I authorize the Rockingham County Rehabilitation and Nursing Center to communicate via email and/or fax with the following individuals

<u>Name/Relationship</u>	<u>Email Address</u>	<u>Fax Number</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

I acknowledge that email and fax communications are not secure, and that confidential information sent via email or fax may be intercepted and used by unauthorized persons. I accept these conditions and waive any violation that might arise from an unauthorized interception and/or use of email or fax.

I give authorization to leave a detailed message on voice mail Yes _____ No _____

Signature of Person Completing Application

Date of Application

RESIDENT ADVOCACY LIST

Pg 1

Bureau of Elderly and Adult Services

Telephone Numbers

Telephone	(603) 271-9203
Toll Free Number	(800) 351-1888
TDD Access Relay	(800) 735-2964
Fax Number	(603) 271-4643
Adult Protection	(603) 271-7014
Adult Protection Toll Free	(800) 949-0470

Office of the Long-Term Care Ombudsman
State Committee on Aging

Address

Mailing Address

Bureau of Elderly & Adult Services
Division of Community Based Care Services
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Office of the Long-Term Care Ombudsman

Telephone Numbers

Telephone	(603) 271-4375
Toll Free Number	(800) 442-5640
TDD Access Relay	(800) 735-2964
Fax Number	(603) 271-5574

Address

Mailing Address

Office of the Long-Term Care Ombudsman
Office of the Commissioner
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

The Social Security Administration

Telephone Numbers

Local	(888) 397-9796
Nat'l	(800) 772-1213
TTY	(603) 436-3086

Address

Mailing Address

The Social Security Administration
80 Daniel Street
Portsmouth, NH 03801

Medicaid Fraud

Telephone Numbers

Telephone	(603) 271-1246
TDD Access	(800) 735-2964

Address

Mailing Address

Medicaid Fraud
33 Capitol Street
Concord, NH 03301

RESIDENT ADVOCACY LIST

Department of Health & Human Services

Telephone Numbers

Telephone	(603) 433-8300
Toll Free Number	(800) 821-0326
TDD Access Relay	(800) 735-2964
Fax Number	(603) 431-0731

Address

Mailing Address

Department of Health and Human Services
Seacoast District Office
50 International Drive
Portsmouth, NH 03801NH

Licensing and Certification Services

Telephone Numbers

Telephone	(603) 271-9254
Toll Free Number	(800) 852-3345, ext. 9254
TDD Access Relay	(800) 735-2964
Fax Number	(603) 271-6702

Address

Mailing Address

Licensing & Certification Services
Office of Operations Support
NH Department of Health & Human Services
121 South Fruit Street
Concord, NH 03301

Health Facilities Administration

Telephone Numbers

Telephone	(603) 271-9499
Toll Free Number	(800) 852-3345, ext. 9499
TDD Access Relay	(800) 735-2964
Fax Number (Licensing)	(603) 271-4968
Fax Number (Certification)	(603) 271-8716
CLIA	(603) 271-9048
Home Health Hotline	(800) 621-6232
MDS/OASIS	(603) 271-9363
MDS/OASIS Fax	(603) 271-8716

Address

Mailing Address

Bureau of Health Facilities Administration
Office of Operations Support
NH Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

RESIDENT ADVOCACY LIST

Disabilities Rights Center

Telephone Numbers

Telephone	(603) 228-0432
V/TTY	(800) 834-1721
Fax Number	(603) 225-2077

Address

Mailing Address	Disabilities Rights Center 64 N Main Street Ste 2 Fl 3 Concord, NH 03301
-----------------	---

ServiceLink

Telephone Numbers

Telephone	(603) 431-7995
-----------	----------------

Address

Mailing Address	ServiceLink 127 Parrott Avenue Portsmouth, NH 03801
-----------------	---