



Home... it's what we do!

# Application for Residency

813 Beech Street Manchester, New Hampshire 03104

603.669.7361

[www.evergreenplace.org](http://www.evergreenplace.org)

The undersigned requests that he/she be admitted as a resident of Evergreen Place, Manchester, NH.

# about you

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender  Male  Female

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Social Security No. \_\_\_\_\_

Medicaid No. (if applicable) \_\_\_\_\_

Long-term care insurance (if applicable) \_\_\_\_\_

Company Name \_\_\_\_\_

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

Durable Power of Attorney (DPOA) or Family Contact

\_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of Power of Attorney for Health Care

\_\_\_\_\_

Name of Power of Attorney for Finance

\_\_\_\_\_

# your health

Your Existing Medical Condition(s)

---

---

Primary Care Physician \_\_\_\_\_

PCP Phone # \_\_\_\_\_

Dentist \_\_\_\_\_

Dentist Phone# \_\_\_\_\_

Other Physician \_\_\_\_\_

Physician Phone # \_\_\_\_\_

Do you need daily help with the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Walking                   | <input type="checkbox"/> Remembering things |
| <input type="checkbox"/> Getting in and out of bed | <input type="checkbox"/> Hearing            |
| <input type="checkbox"/> Bathing                   | <input type="checkbox"/> Special diet       |
| <input type="checkbox"/> Dressing                  |   |

What is your Religious preference? \_\_\_\_\_

Your local church/synagogue/parish

---

# our daily rates

Private rooms with shared bath .....	\$159.00 - \$184.00
Two room Single/Couples ..... suite with half-private bath	\$210.00 / \$325.00
Two room Single/Couples ..... suite full bath	\$249.00 / \$357.00
Large L-shaped room with private bath .....	\$205.00

Rates include 24/7 nurse/aide availability, medication management, a full range of activities, meals, snacks, laundry, linen and house cleaning.

Cable TV is available .....\$20.00/mo

Telephone service is billed by provider and installation is arranged by resident/family and is billed by the provider directly to the resident/family.

### **Evergreen Place Beauty Shop**

Rates are set by our beautician and billed to the resident monthly.

### **Respite Care**

Short-term stay private room .....\$195.00 - \$220.00

Includes:

- Brief assessment process
- Medication management
- All Evergreen Place amenities and activities

We accept the medicaid rate for respite care.

Confidential information used only for Evergreen Place application process.

# financial eligibility

## Income

Social Security \$ \_\_\_\_\_ per month  
Pension Payment \$ \_\_\_\_\_ per month  
Veteran's Benefit \$ \_\_\_\_\_ per month  
Interest/Dividends \$ \_\_\_\_\_ per month  
Annuity(s) \$ \_\_\_\_\_ per month  
Rental Income \$ \_\_\_\_\_ per month  
Other Income \$ \_\_\_\_\_ per month

## Assets

Real Estate Owned \$ \_\_\_\_\_ cash value  
**(attach sheet as needed)**  
Savings \$ \_\_\_\_\_  
Checking \$ \_\_\_\_\_  
Stocks/Bonds \$ \_\_\_\_\_  
Life Insurance \$ \_\_\_\_\_ cash value  
Other Assets \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_

**To the best of my knowledge, the above statements are true.**

Signature \_\_\_\_\_ / /  
Applicant or Representative Date

Signature \_\_\_\_\_ / /  
Witness Date