



ARBOR HILL
ASSISTED LIVING

Admission Checklist

To expedite your application at Arbor Hill Assisted Living, please collect the following documents. Please initial if the document is not applicable. If you have any questions, please contact the Arbor Hill Administrator at 401-400-1800.

The RI Department of Human Services medical assistance office needs to see a history of significant financial changes dating back five (5) years, and a detailed financial history from the past six (6) months. If any of these documents are applicable within the last five years, such as the sale of property, transfer of assets, or change in beneficiary of life insurances, please provide all back-up documentation.

- _____ Arbor Hill application
- _____ Birth certificate
- _____ Proof of naturalization or legal residency if not a born United States citizen
- _____ Social Security card
- _____ Medicare card
- _____ Any other health insurance cards
- _____ Picture ID (*driver's license, DMV-issued ID, passport, etc.*)
- _____ Social Security award letter for current year
- _____ Statements from any other income
- _____ Health insurance premiums
- _____ Veteran's claim information
- _____ All bank statements (*checking, savings, CDs, stocks, bonds, annuities, etc.*) for the past 6 months ** if N/A, MUST have 6 months of billing from current facility.
- _____ Rent, mortgage and receipts for other shelter-related expenses
- _____ Life insurance policies and a complete paper trail for cash outs, transfers of ownership, etc.
- _____ Burial contract (*must be "irrevocable" arrangement if applying for Medicaid*)
- _____ Power of Attorney, Financial/Durable Power of Attorney for Healthcare Matters
- _____ Trust/Life estate documents
- _____ Living will and other advance directives
- _____ Security Deposit (\$750.00) prior to move in
- _____ Provider Medical statement form (see attached)

The attached doctors' forms are also required for admittance at Arbor Hill.

Instructions to Primary Care Physicians and Other Healthcare Professionals

Applicant: Please provide this to your physician or other healthcare professional.

Dear Physician/Provider:

The Provider Medical Statement is required to qualify for Assisted Living Medicaid. A potential resident must require at least some assistance/supervision with two or more of the following:

- Toileting/Continence
- Bathing
- Eating
- Dressing
- Mobility/Locomotion/Transferring

If you agree that your patient needs assistance, please reflect this in the “Current Functional Activities.”

The Enhanced SSI Assisted Living Program Assessment form is also required for many residents. Please fill out all sections. If there is no history, indicate “N/A.” Please note there are two places to sign, on pages 3 and 4. The “*” sections are required.

Thank you for your assistance.

If you have any questions, please call 401-450-3616.

Sincerely,

Joann Draine, RN
Director of Wellness

**Section II: Reason for referral*

**Section VI: Functional need for Assisted Living*

**Section VII.*