Arizona Pioneers' Home

Doug Ducey
Governor

300 South McCormick Street
Prescott, Arizona 86303

Ted Ihrman
Superintendent

(928)445-2181 - FAX (928)778-1148
pioneershome.az.gov

Dear Prospective Resident:

To initiate an application for admission to the Arizona Pioneers' Home, the following items will need to be completed and returned.

- Application for Admission
- Friend's Statement (verifying you meet the criteria for admission)
- U.S. Citizenship Verification (verifying eligibility per AZ statutes)
- Authorization to Release Medical Information
- Pre-Admission Questionnaire

<u>If You Are Pursuing Admission Immediately (or within a few months):</u>

1. Return the forms *with* current medical records (the last 6 office visits including any specialist labs, x-rays, etc.). A current medication list must be submitted that includes over-the-counter items being taken.
2. Upon return of completed forms, the Home will review and determine initial eligibility. If you are approved to proceed toward admission, there will be additional paperwork required and possibly additional interview(s), prior to final acceptance for residency and establishing a date for admission.

<u>If You Are NOT Pursuing Immediate Admission, But Sometime In the Future:</u>

1. Return the forms *without* current medical records. We will wait for those until the time you wish to actively pursue admission.
2. Your name will be added to a waiting list. At any time you can call to activate your application at which time we will discuss requirements to proceed with the admission process.

Please contact Dale Sams or Lisa Watts, Admission Coordinators, if you have any questions.

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 Established Residency in Arizona: _____ How Many Years Have You Been a Resident of Arizona? ____

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:_____

Do you have Medicare: Yes ___ No ___

If yes, do you have a supplement to Medicare? Yes ___ No ___ (Note: A supplement to Medicare is required)

If yes, with what company? _____

Have you enrolled in a Medicare Part D plan? 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
APPLICATION FOR ADMISSION

(See Arizona Revised Statutes 41-923)

TO THE SUPERINTENDENT, ARIZONA PIONEERS' HOME:

In making application to the Arizona Pioneers' Home, I do respectfully show that I have been a citizen of the United States for five (5) years prior to the date of application; have been a resident of Arizona for not less than fifty (50) years preceding the date of this application; have reached the age of seventy (70) or more years; and, at the time of admission to the Home, do not require hospital care, skilled or intermediate nursing care.

I respectfully pray that I be entitled to become a resident of the Arizona Pioneers' Home if it appears that I possess all the qualifications listed above.

_______________________________ _______________________________

Signature of Applicant Address of Applicant

- FRIEND'S STATEMENT -

I, ________________________________, being duly sworn, depose and say that I know

________________________________, and that he/she truthfully meet the above qualifications.

(Applicant's Name)

____

Friend's Signature

Subscribed and sworn to before me this _____ day of ______________, 20 ___.
My commission expires _______________.

(Seal)

____

Notary Public

= =

- SUPERINTENDENT - ARIZONA PIONEERS' HOME -

After a full examination and investigation of the matters set forth in the application of ______________________________, it appears to me that he/she possesses all the qualifications provided by Arizona Revised Statutes 41-923, entitling him/her to become a resident of the Arizona Pioneers' Home and to receive the benefits provided therein.

________________________________ ________________

Superintendent's Signature Date

The Arizona Pioneers' Home is an Equal Opportunity, Affirmative Action Agency. All qualified men and women are encouraged to participate.

RULES FOR THE ARIZONA PIONEERS' HOME

1. During your time of residency at the Arizona Pioneers' Home, should your condition become such that skilled nursing care beyond the Home's capacity is required, it will be necessary to discharge you from the Arizona Pioneers' Home. Determination of the necessity of such care would be non-discriminatory as to race or color, and opportunity for an administrative hearing would be made prior to discharge. Arrangements would be made for your transfer to a facility where necessary care would be provided, but the Arizona Pioneers' Home would not be responsible for the cost of an alternate nursing care facility. This would be the responsibility of the family.

2. Persons requiring continual care by reason of insanity, imbecility, or any disability will not be admitted to the Home, because no provisions have been made for the care of such persons.

3. Profane or obscene language is forbidden in the buildings or on the grounds. Residents violating this rule will be liable to discharge.

4. Scrupulous cleanliness in person, dress and in quarters is mandatory. All residents will be required to bathe at least once a week. Use of any and all electrical appliances must be approved by the Superintendent. Quarters will be checked for safety and sanitation.

5. No loud, boisterous or angry discussion on any subject will be allowed.

6. Due regard for the rights of other residents and respectful behavior towards employees and the management of the Home must be maintained.

7. Waste or defacement of property and utilities of the Home will not be permitted.

8. All residents of the Home will be required to properly conduct themselves at all times, whether in the Home or out of it. No resident of the Home shall be allowed to involve himself/herself in the financial affairs of another resident. Such action will be cause for discharge.

9. Residents may be on Leave of absence an unlimited amount of time from the Home. During a person's initial Adjustment Period at the Home, Leaves must be approved. The time away from the Home shall not be counted as part of the 60-day Adjustment Period.

10. Absolutely no smoking or chewing of tobacco will be permitted in resident rooms or any areas of the building that have not been designated as smoking areas by the Superintendent.

11. Complaints of neglect or ill treatment should be brought immediately to the attention of the Superintendent. It shall be the duty of the Superintendent to resolve such complaints.

12. The use of intoxicating liquors on the grounds or in the buildings is prohibited, except when prescribed by a physician. Any resident bringing liquor of any kind on the grounds or into the buildings will be liable to disciplinary action and possible discharge.

13. Residents are prohibited to have firearms in their possession, in the buildings or on the grounds. Residents violating this rule will be liable to discharge.

14. Residents shall use only drugs prescribed by a physician. Over-the-counter patent drugs purchased and taken without a doctor's order shall not be permitted. Disobedience of a doctor's orders concerning drugs shall not be tolerated. Both offenses shall be grounds for disciplinary action and discharge.

15. Payment for care shall be figured annually for each resident, and in the interval, only re-evaluation deemed legitimate by the Superintendent shall be considered. Each resident of the Home shall pay monthly to the Superintendent to the extent he/she is financially able to do so, but not more than the average monthly per capita cost of operating the Home. Persons not making such payment shall not be permitted to reside at the Home.

16. During his/her residency at the Home, each resident shall be expected to carry medical and hospital coverage with Medicare and a supplement.

ARIZONA PIONEERS' HOME

Authorization for Disclosure of Health Information

Patient Name: _____

Date of Birth: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

1. *I authorize the use or disclosure of the above named individual's health information as described below.*
2. *The following individual or organization is authorized to make the disclosure:*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate).

   _____ Complete health records
   _____ Lab results/X-ray reports
   _____ Physical exam
   _____ Consultation reports
   _____ Immunization record
   _____ Other (please specify: _____

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

5. *This information may be disclosed to and used by the following individual or organization.*

ARIZONA PIONEERS' HOME
ATTN: _____
300 S. McCORMICK ST.
PRESCOTT, AZ 86303

For the purpose of: _____

6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____.

7. If I fail to specify an expiration date, event or condition, this authorization will expire in <u>one year</u>. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact:

   _____,

   Privacy Officer for _____.

_____ _____

Signature of patient or legal representative | Signature of witness

Date: _____ Date: _____

PLEASE NOTE: This information has been disclosed to you from confidential records protected from disclosure by state and federal law. No further disclosure of this information should be done without specific, written and informed release of the individual to whom it pertains or as permitted by state law (ORC – 3701.243) and federal law 42 CFR, part II.

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 _____

Arizona Pioneers' Home
U.S. CITIZENSHIP VERIFICATION

1. Photocopy 1 (one) of the forms of citizenship verification listed below.

   - An Arizona driver's license issued after 1996 or an Arizona non-operating identification license.
   - A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
   - A United States certificate of birth abroad
   - A United States passport
   - A foreign passport with a United States VISA
   - An I-94 form with a photograph
   - A United States citizenship and immigration services employment authorization document or refugee travel document
   - A United States certificate of naturalization
   - A United State certificate of citizenship
   - A tribal certificate of Indian blood
   - A tribal or Bureau of Indian Affairs affidavit of birth

2. Sign the statement below and attach this instruction sheet to the Photocopy being furnished to the Arizona Pioneers' Home.

The document I have presented to verify my United States citizenship is a true copy.

Signed_____

Print Name: _____

Date_____

(10/26/09)

ARIZONA PIONEERS' HOME
DEFINING INDEPENDENCE

As a **NEW RESIDENT** admitted as a "Pioneer" you must complete a 60-day trial period (called adjustment period) in which you must remain independent in order to become a permanent resident of the Pioneers' Home. In order to ensure understanding, we have developed the following so that you may understand what the Home considers independence/independent and what you need to be able to demonstrate to complete the trial period successfully. It is not all inclusive but covers most of what nursing will evaluate you on. *Note: If due to illness or injury you temporarily require additional care such as APH infirmary, hospital, or rehabilitation facility, once your independent abilities are regained, your 60-day period may be extended by the number of days you were in the infirmary or out of APH.*

As a **1st and 3rd FLOOR PERMANENT RESIDENT**, you must maintain your independence in order to remain on what is considered an independent floor of the Home. The following criteria shall also be considered in determining if you should move to the 2nd floor for infirmary care.

1) Able to demonstrate continence or ability to manage bowel and bladder incontinence independently. Able to change and dispose of soiled briefs or pads in a sanitary manner by placing in a sealed bag and then placing in garbage container. Ability to clean self, clothes and linens if incontinent and/or use a male or female urinal and disposing of urine in the toilet and rinse in designated station only. Room must remain odor free.
2) Able to bathe or shower independently and safely twice weekly and shampoo own hair at least once weekly. Ability to enter into shower stall or tub, turn water to a safe temperature and exit shower stall or tub without assistance from any other person. Able to dress in clean clothes after bathing/showering.
3) Ability to ambulate independently and safely (with or without walker and/or cane) from designated room to lobby, dining room, or North Infirmary. Able to ambulate safely outside of building to doctor appointments, work the elevator without assistance and navigate stairs in case of an emergency.
4) Ability to locate important/significant areas of the facility - meaning your assigned room, nurse's station, lobby, restrooms and dining room without verbal or physical cues within two weeks of admission. Able to evacuate facility during an emergency with minimum verbal or physical cues.
5) Able to maintain room cleanliness by keeping items picked up off of the floor, making bed daily, washing linens weekly or as needed when incontinent, take garbage out to larger cans in the hallway, place incontinence pads and briefs tied up in smaller bags into the larger cans. . Small items must be moved out of the way in order for housekeeping to clean the floors each week
6) Ability to care for your physical needs without assistance from others. Able to bathe, toilet, transfer, ambulate, feed, groom and dress yourself without assistance from others. Must attend at least two of the three daily meals each day in dining room.
7) Able to manage day to day activities both physically and cognitively without excessive verbal cues from others.

I have received the foregoing and have had an opportunity to ask questions.

DO NOT sign until you have had time to ask questions. You will be asked to sign this later during the admission process to indicate your understanding of the Home's requirements. Thank you.

Signature of Reside _____ ame: _____

(11/18/14)