



Overview of the Application Process to Pyareo Home

Dear prospective resident,

We appreciate that the point in your life when you transition from full independence to an assisted living environment may be stressful. We've streamlined the application to Pyareo Home as much as possible, but it is still a two part process, with many steps involved. We've found that this process ensures fairness and satisfaction for everyone, and we hope you will have patience as we go through the steps together.

Your application package contains the following documents:

- An application form which you fill in and send back to us
- Pricing sheets that explain rates currently charged for various services
- "Statement of Principles for Pyareo Home", which outlines the philosophy of Pyareo Home
- "Admission to Pyareo Home", which explains the admission criteria

The following gives you a step by step explanation of the application process we use at Pyareo Home. This process has two parts:

PART ONE Initial Assessment

The first part involves an initial assessment whether you and Pyareo Home are a good match. The way you and our admissions team determine this is as follows:

- You submit your completed application form, which includes a medical health review provided by your physician, brief financial information, and other relevant personal information.
- We'll review this information with our administrative and nursing staff; and may ask you to elaborate on anything that needs clarification. We will also want to have a Zoom meeting with you.
- After the initial review of your application, we would advise that you make a short initial visit to Pyareo Home as a guest, preferably with a family member or a friend. This way, you can experience life at Pyareo Home firsthand, talk things over with your family member or friend, as well as with staff and current residents, and get a sense of the local area. This will also enable you and our administrative team to talk leisurely about your concerns, and about the application process in general. You will be expected to pay for your trip here, but if you have travelled a long way, and if our guestroom is available, you are welcome to spend the night as our guest(s) and partake of the meals.
- As indicated in the enclosed documents, it is the philosophy of Pyareo Home that, in a perfect world, the best environment for an elderly or disabled person is with his or her immediate family, because familial love tends to make the transition to dependency much easier. Therefore, if you have immediate family, we will ask whether you have all considered this alternative.
- We encourage you to study the documents describing the philosophy of Pyareo Home and the admission criteria, and that you ask any questions that arise for you.
- If living with relatives is clearly not feasible, we will ask your family to maintain strong contacts with you, and if you require financial assistance, that they help you financially as much as they can.

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- Pyareo Home serves a lacto-vegetarian diet exclusively, and we will want to confirm that you will be satisfied with this diet. Smoking, recreational drugs, and alcohol consumption are not permitted.
- We will assess your health situation, and will determine whether we can offer the level of care that you need.
- Based on the information you provide us on the forms and during our discussions, we collectively determine whether Pyareo Home would be a good fit for you. If there is a good potential match, then we continue to the second part of the application process.

Please note that although you provide basic financial information, that the ability to pay is not used as the main criterion to determine if you are a good fit for Pyareo Home. We are seeking “kindred spirits” who will both appreciate and honor the guidelines that have been set up, and are likely to get along with the other residents. We proceed to Part 2 of the process only if you meet these criteria.

PART TWO Financial Assessment

- The second part involves reviewing your financial condition in greater detail, and drawing up of various documents.
- As you may already be aware, it is quite costly to maintain an assisted living facility, because of staffing around the clock, state regulatory requirements, administrative overhead, cost of maintaining the building and grounds, insurance, utilities and so on. These costs must be covered by residents, and as necessary, supplemented by our donors. Pyareo Home is a nonprofit organization, therefore residents’ fees (i.e. “service fees”) are totally a function of the cost of maintaining the facility.
- To the greatest extent possible, we ask that as a resident, you cover as much of the service fees as possible, because donations are limited and must go a long way. We ask for “fair dealing” in this regard, and promise that on our part we’ll do the same.
- We will examine the social security, disability or Medicaid funds that may be available to you, and we will make an initial guess whether you might qualify for the financial assistance program provided by the State of New Hampshire.
- If your financial situation does not enable you pay full “fees”, we will turn to your immediate family for financial help. While your family is not legally obligated to help you financially, we appeal to them in the spirit of “fair dealing” for such help.
- When all your sources for financial help have been assessed, and you still cannot meet the full fees, we may be able to provide a financial subsidy to you, to make up the difference between what you can pay and the cost of providing services for you. But financial subsidies are not guaranteed.
- Once the financial issues are settled, we will ask you to identify your support network, and the person who will be your primary advocates when you need to consult on financial, health care or other private matters.
- We’ll also ask you to designate a person to act on your behalf under a durable power of attorney (DPOA) and to create a Will.
- After all other items regarding your admission (such as health reports, arrangements regarding pets, etc.) have been sorted out, we will draw up a contract that summarizes all points that we have agreed to.

Thank you for considering Pyareo Home!



Application for Admission

GENERAL INFORMATION

Date of application: _____

Name: Last _____ First _____ Middle _____

Address: Street _____ City _____ State _____ Zip _____

Phone: Home (____) _____ Cell (____) _____

Date of Birth: _____ Sex: M F Marital Status: _____ S.S.# ____-____-_____

Do you/ Are you willing to, abstain entirely from meat, fish, fowl or eggs? Yes No

Do you/ Are you willing to, abstain entirely from the use of tobacco and alcohol? Yes No

Are you interested and open to community living? Yes No

What are your interests/ hobbies? _____

What are your religious/spiritual affiliations? _____

What skills/talent and training/knowledge do you possess that you would be willing to share with the home and/or community ? _____

Insurance

Please list all nearest relatives: *If you need more room, please attach an additional sheet.*

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phones: Home (____) _____ Work (____) _____ Cell (____) _____

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phones: Home (____) _____ Work (____) _____ Cell (____) _____

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phones: Home (____) _____ Work (____) _____ Cell (____) _____

MEDICAL PROVIDERS

NH State law requires a comprehensive health examination by a licensed practitioner within 30 days prior to admissions. We will supply the necessary forms at that time.

Present Physician: _____ Phone: (____) _____
Address: _____

Will your personal physician attend here? Yes No

Eye Doctor: _____ Phone: (____) _____
Address: _____

Dentist: _____ Phone: (____) _____
Address: _____

Other Specialist you are seeing regularly: _____ Phone: (____) _____
Address: _____

PERSONAL ASSESSMENT OF HEALTH

Hearing: Very Good Fair Poor Use aid None

Vision: Very Good Good Fair Poor None Please list vision if known: ____/____

Ambulation: Do you use a cane? Often Occasionally Never
Do you use a walker? Often Occasionally Never
Do you use a wheelchair? Often Occasionally Never

Mental/Emotional Condition: Are you generally mentally Alert Confused Very forgetful
What best describes your overall disposition: Introverted Extroverted

List prescription medicines you are taking every week: _____

List prescription medicines you are taking as needed: _____

Special dietary needs? _____

Any special needs or concerns of which we should be aware? _____

FINANCIAL INFORMATION

Person responsible for paying the bill (if other than resident):

Name: _____ Relationship to prospective resident: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Work: (____) _____

Power of Attorney, Guardianship and Advanced Directives

If someone has been appointed Durable Power of Attorney or Guardianship please answer:

Name of DPOA or Guardian: _____ Phone: (____) _____

Address: _____ Email: _____

Type of DPOA: Health Financial Details: _____

Have you prepared an advanced directive? Yes No Details: _____

Do you have a Will? Yes No Executor: _____

Insurance

Medicare #: _____ Year enrolled: _____ Part A Part B

Medicare supplemental insurer: _____ Medigap # _____

Prescription insurer: _____ Policy # _____

Long-term care insurer _____ Policy # _____

Other insurance _____ Policy # _____

Income

Social security: \$ _____ / month Details _____

Civil Service retirement: \$ _____ / month Details _____

V.A. pension: \$ _____ / month Details _____

Rental Income: \$ _____ / month Details _____

Investment Income: \$ _____ / year Details _____

Other income \$ _____ Details _____

Cash Assets (banks, credit unions, etc.) Please attach list if more room is needed.

Institution _____ Address _____

Type of account _____ Balance \$ _____

Names on account _____

Institution _____ Address _____

Type of account _____ Balance \$ _____

Names on account _____

Real Estate

Does prospective resident own home? Yes No Approx. Value \$ _____

Is prospective resident co-owner of any other property? Yes No

Name(s) of co-owners: _____

Address of co-owners: _____

Do you own any additional property? Yes No Approx. Value \$ _____

Funeral Arrangements

Have you made pre-paid funeral arrangements? Yes No

Amount in burial account : \$ _____

Name of funeral home: _____ Phone (_____) _____

Other Assets/ Investments (stocks, bonds, IRA's) Please attach list if more room is needed.

Name of company _____ \$ _____

Address: _____

Name of company _____ \$ _____

Address: _____

Name of company _____ \$ _____

Address: _____

Do you own an automobile? Yes No Approx. Value \$ _____

CONFIRMATIONS & SIGNATURES

Please check below confirming that you have read the following:

- General guidelines for the Home entitled “Founding Principles of Pyareo Home”
- Admission policy document entitled “Admission to Pyareo Home”
- Overview of the Application Process

Note that information on the application form must be complete and all relevant financial and medical information confirmed before the application can be reviewed by the Admissions Committee.

I hereby certify that to the best of my knowledge, the above stated information is complete, true and correct. I understand that if any information has been intentionally falsely represented my application or residency may be terminated. All information will be kept confidential by Pyareo Home Inc., to the extent required by law and except as necessary for the administration of the home.

Signature of Prospective Resident _____ Date _____

Signature of Sponsor/Guarantor _____ Date _____

Name of Sponsor/Guarantor _____

Signature of Pyareo Home Administrator _____ Date _____

Pyareo Home, Inc. guarantees that no person shall be denied participation and/or benefits or otherwise be subject to discrimination on the basis of race, creed, color, national origin, disability, age, or veteran status in the provision of care for residents or with regards to employees, but does insist upon respect for, and non-interference with, the meditative environment and vegetarian diet that the home was established to provide for its residents.

Office Use Only

Date received: _____ Preliminary review: Administrator: Nurse:

Comments: _____

Admissions Committee reviews: 1st Date: _____ 2nd Date: _____ 3rd Date: _____

Comments: _____



Authorization for Release of Information

Name of Facility under Request: _____

Address: _____

Street/PO Box	City/town
_____	(_____) _____
State	Zip Phone

I hereby give permission to release all my medical information to date in your possession, including but not limited to: my discharge summary, history, physical, consultation reports, diagnostic studies, and other treatments, such as; for mental health, alcohol or drug abuse to the following:

Pyareo Home, Inc.

Attention: Administrator
333 Brook Road
Sanbornton, NH 03269

This information is required to conduct an assessment, pending admission to the Home, and you are hereby relieved from any legal liability. Your prompt attention is greatly appreciated.

Signature of Applicant: _____ Date: _____

Print Applicant's Name: _____ DOB: _____

Soc. Sec. #: _____

Signature of Responsible Person if other than applicant:

_____ Date: _____

Print Name: _____ Relationship: _____