



APPLICATION PROCESS

Thank you for considering River Bluff for your loved one. All applicants must be Winnebago County residents to be considered for admission. Please fill out the forms on pages one and two and return them to our admissions department. The forms must be completed before a nursing assessment will be done. **Placement at River Bluff is determined by a nursing assessment.** If there is not an immediate need for placement, the application will place your loved one on our waiting list. Persons are placed on the list according to the date that this application is returned to us.

Page three lists documents that we need at the time of admission, including items that IDHA will ask for should you need to apply for Medicaid. Please gather these documents so that on the day of admission you have them available. You may submit these documents with your application for placement, but it is not required.

Thank you for allowing us the opportunity to serve you and your family. If you have any questions, please contact the admissions department at 815-921-9200, ext. 19206.

Sincerely,

River Bluff Admissions Specialist



Resident Number _____

Name _____

Preferred Name _____

Medicare Beneficiary ID _____

Social Security# _____

Insurance Policy # _____

Part D Carrier _____

Admission Type: Short Term _____ Long Term _____

Military Service _____

FUNERAL HOME (REQUIRED)

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Citizenship _____

Civil Status: M S D W Never Married Sex: _____

Spouse _____

PHYSICIAN

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

FINANCIAL INFORMATION (to help determine Medicaid eligibility. Amounts can be approximate at this time)

If paying privately this information is not necessary

Monthly Social Security Amount: _____

Other Income including spouse's _____

Checking Account – approx. balance _____

CD's/Annuities/IRA's/Assets/etc. _____

Current Residence _____

Legal Mailing Address _____

NOTIFY IN CASE OF AN EMERGENCY Note: POA Healthcare should be listed first.

1. Name _____

Address _____

City _____ State _____ Zip _____

Cell # _____ Home # _____

Business Phone _____

EMAIL _____

Relationship _____

Middle Name _____

Medicare (HIC) _____

Medicaid # _____

Insurance Name _____

Part D Policy # _____

Medicare Coverage Part: (A & B)____, A ____, B____

Medicare Replacement: _____

Admitted From _____

HOSPITAL PREFERENCE

Name _____

Religion _____

Ethnicity: _____ Age _____

Birth Place _____

Primary Language _____

Interpreter Needed? _____

Previous Occupation _____

ALTERNATE PHYSICIAN (specialist)

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Monthly Pension Amount: _____

Life Insurance Policies: YES NO

Savings Account – approx. balance _____

Does the applicant own a home or Property: YES NO

2. Name _____

Address _____

City _____ State _____ Zip _____

Cell # _____ Home # _____

Business Phone _____

EMAIL _____

Relationship _____



Winnebago County
MEMORANDUM OF UNDERSTANDING

As an applicant for admission of River Bluff, I attest to the following conditions:

() I am a recipient of Illinois Department of Public Aid (#_____). I agree that my monthly income will be sent to the River Bluff address where it will be applied to my care account, with the exception of \$30.00 and any health insurance premiums. I agree to notify Social Security and any applicable pension managers of the change of address.

() I am a Public Aid applicant and agree to cooperate with IDHFS in supplying all requested information. My Income will be sent to the River Bluff address and all income will be applied to my care account with the exception of the \$30.00 personal allowance and any health insurance premiums. I agree to notify Social Security and any applicable pension managers of the change of address. I understand if denied Public Aid funds, I will pay River Bluff at the private pay rate. **NOTE: A Public Aid applicant who is denied benefits may be requested to leave the facility.**

() I am married and my spouse will continue to live in the community after my admission to the facility. I am a Public Aid recipient (#_____) or applicant. I will turn over to River Bluff any monthly income above the amount IDPA determines will be my spouse's monthly allowance under IDPA's spousal impoverishment regulations. I understand if denied Public Aid funds, I will pay River Bluff at the private pay rate. **NOTE: A Public Aid applicant who is denied benefits may be required to leave the facility.**

() In the event I do receive funds that would deem me ineligible for Public Aid funds, I agree to pay River Bluff as billed for one month in advance at the private pay rate for my level of care.

() I accept responsibility to pay River Bluff privately. I will pay River Bluff as billed one month in advance at the private pay rate for my level of care. I further agree to pay for any ancillary charges as billed.

I understand that misrepresentation of financial condition or failure to remit the required payment will be grounds for dismissal from River Bluff.

Applicant Date

Representative Date



DOCUMENTS REQUIRED PRIOR TO ADMISSION

Please gather all available documents and information, so you are prepared for your meeting with the Admissions Office and the Business Office. This meeting will occur prior to admission.

Admissions Office:

1. Advance Directives (POLST Form)
2. Immunization Records - proof of TB, Flu and Pneumonia Vaccines

Business Office:

3. Power of Attorney for Health Care
4. Living Will - if applicable
5. Power Attorney for Finances/Property
6. Guardianship papers - if applicable
7. Social Security Card
8. Driver License or State ID
9. Insurance Cards - this includes Medicare D card, Social Security card, Medicare Replacement card and amount of premium, Medicare Supplemental Card.

Additional information will be necessary if applying for Medicaid:

1. Health Insurance premium amount
2. Income documentation - social security, pensions, bank statements, etc.
3. Proof of Citizenship or Resident Alien card
4. Life Insurance Policy - information and premium amount
5. Funeral Home/Burial Policy - **Note:** This must be paid for prior to residing in any long term care facility as Medicaid no longer allows resident personal funds to be used for Burial after admission to long term care.

If you have any questions regarding these items, or if you are having difficulty obtaining These items or having difficulty obtaining the information, please contact the business office at 815-921-9200 ext. 9204.



ITEMS TO BRING WITH RESIDENT UPON ADMISSION

Due to limited storage space, we ask that you bring seasonal clothing only. Please store off-season clothing and luggage with relatives or friends. You may bring a radio, television (up to a 26 inch flat screen), and other easily stored personal items. Please keep a record of items brought to the nursing home. Any item, including clothing, brought in after admission should be given to social services for labeling and recording on our inventory sheet.

Suggested personal items to bring at time of admission:

Men

| | |
|---------------------|--------------------------------------|
| 8 pair underwear | 8 undershirts |
| 8 pair socks | 8 shirts |
| 8 pair trousers | 4 sweaters |
| 1 pair slippers | 1 pair dress shoes with rubber soles |
| 1 pair tennis shoes | 1 belt/suspenders |
| 1 bathrobe | 1 electric razor and shave lotion |
| 4 pair pajamas | 1 coat |

Women

| | |
|---------------------|--------------------------------------|
| 8 pair underwear | 8 pair socks |
| 8 dresses w/slips | or 8 shirt/pants outfits |
| 4 sweaters | 1 pair slippers |
| 1 pair tennis shoes | 1 pair dress shoes with rubber soles |
| 4 pair pajamas | 1 bathrobe |
| 1 coat | |

Residents may provide their own personal hygiene items if they desire. This includes toothbrush, toothpaste, deodorant, denture cleaners, hairbrush/comb, hairspray, etc.

Please do not bring any baby powder or talcum powder.

Wool clothing items are not recommended since they will shrink in the laundry. All clothing is washed in hot water.

At no time shall one resident's personal articles be used by or for another resident.

Throw rugs and electric blankets are not allowed in resident rooms for safety reasons.

All medications are to be kept outside the resident rooms in locked nursing areas. All medications are dispensed only by qualified nursing staff.