TenBroeck
CENTER FOR REHABILITATION & NURSING

Dear Applicant:

Thank you for your interest in Ten Broeck Center for Rehabilitation and Nursing, a 258 bed comprehensive health care center. I have enclosed a brochure to better acquaint you with our facility. Information can also be found on our website at www.tenbroeckrehab.com. In addition to the brochure, I have enclosed an application for admission.

Requirements for potential placement into our facility are the submission of:

1. The Ten Broeck Center Application completed by the applicant or their representative
2. Copies of insurance cards, Power of Attorney and Health Care Proxy Paperwork.
3. Medical history from the applicant's physician
4. A New York State Patient Review Instrument (PRI) and SCREEN document completed by a board-certified nurse, or a home care agency that you are utilizing. You would need to make the appointment and arrange an appropriate date and time for them to come to the applicant's home for the review.

Once received, these items will be reviewed by an Admissions Committee to determine if they meet Ten Broeck Center's criteria for admission.

Services that are offered by Ten Broeck Center are as follows: Skilled Nursing Services 24 hours a day, Multi-Disciplinary Team Evaluations, Resident and Family Services, Rehabilitative Services, Dental Services, Activity and Recreational Programs, Specialized diets, Laundry Services, Massage Therapy and our Alternate Medicine Program.

The daily room rates for these services are:

$496.58 Semi-Private Room	$510.28 Private Room
$ 33.77 NYS Assessment Tax	$ 34.70 NYS Assessment Tax
$530.35 Total Per Day	$544.98 Total Per Day

Additional fees may apply for the following services, Physical, Occupational and Speech/Language Services, Oxygen Services, Optometry Services, Physician Services, Podiatry Services, Laboratory Services, X-Ray Services, Pharmacy, Transportation, Beauty/Barber Shop, Television and Telephone services.

Ten Broeck Center also accepts Medicare, Medicaid and many other medical insurance providers. Our Admissions Department can assist you with answering those questions.

If you have any questions regarding the admissions process or would like to schedule a tour of our smoke-free campus, please feel free to contact our admissions team at (845) 336-6666 ext. 3803/2255, or email us at admissions@tenbroeckrehab.com

-Thank you!

One Commons Drive
Lake Katrine, NY 12449
Phone (845) 336-6666
FAX (845) 336-4014

APPLICATION FOR ADMISSION

Thank you for your interest in Ten Broeck Center. In order to process an individual's request for application, we must have the information below. Please answer all questions carefully. The information contained herein is confidential and constitutes the basis for potential resident admission.

PERSONAL INFORMATION

Name of Applicant_____
Last First Middle

Home Address_____ Phone _____

_____ U.S. Citizen Yes ❑ No ❑

Date of Birth_____ Place of Birth_____ Religion (optional) _____

Former Occupation_____

Name of Attending Physician_____ Telephone_____

Date and Place of Last Hospital Stay_____

Hospital Preference_____

Single ❑ Divorced ❑ Separated ❑ Widowed ❑ Married ❑ Spouse Name _____

Does the applicant have any of the following: (If yes, please provide copies)

Power of Attorney	Yes ❑	No ❑	Name: _____
Helath Proxy	Yes ❑	No ❑	Name: _____
Legal Guardian	Yes ❑	No ❑	Name: _____
Advanced Directives	Yes ❑	No ❑	
Living Will	Yes ❑	No ❑	

DESIGNATED REPRESENTATIVE

Name_____Relationship_____

Address_____

_____

Telephone (home)_____(business) _____(cell)_____

ADDITIONAL CONTACTS

Name_____Relationship_____

Address_____

_____

Telephone (home)_____(business)_____(cell)_____

Name_____Relationship_____

Address_____

_____

Telephone (home)_____(business)_____(cell)_____

INSURANCE INFORMATION

PLEASE ENCLOSE COPIES OF ALL CARDS

Social Security Number_____

Medicare Number_____Part A_____Part B_____

Medicare Prescription Drug Plan _____

Medicaid Number_____County_____Caseworker_____

Is Medicaid Pending? Yes_____ No_____ Date Applied _____

HMO _____Policy_____

Other Insurance _____Policy_____Phone_____

Long Term Care Insurance _____Policy_____Phone_____

Is Applicant or Spouse a Veteran? Yes_____ No_____ VA #_____

MONTHLY INCOME

****SPOUSE'S INCOME MUST BE DISCLOSED TO DETERMINE MEDICAID ELIGIBILITY****

	Applicant	Spouse
Social Security Benefits	$_____	_____
Veterans Benefits	$_____	_____
Pensions (specify)	$_____	_____
Railroad Retirement	$_____	_____
Annuity	$_____	_____
Other (specify)	$_____	_____

BANK ACCOUNTS

Bank	Address	Account #	Type	Joint (with?)	Balance

REAL ESTATE AND OTHER ASSETS

Do You Own Your Home?_____ Market Value $_____

Other Real Estate? _____ Market Value $_____

Do You Own Stocks/Bonds/CD's Yes_____ No_____

STOCKS, CD'S AND BONDS MUST BE IDENTIFIED

NAME	VALUE	WHERE LOCATED

**** PLEASE ATTACH ADDITIONAL PAGE IF MORE SPACE IS NEEDED****

TRANSFER OF ASSETS

Has your home been transferred in the past 5 years? Yes_____ No_____

Market Value _____ Date Transferred _____

Details _____

Has there been a transfer of any assets in the past 5 years? Yes_____ No_____

Amount _____ Date _____

Amount _____ Date _____

Details_____

_____

FUNERAL ARRANGEMENTS

Person Responsible For Funeral Arrangements_____

Name of Funeral Home_____Phone_____

Do you have a prepaid burial? Yes_____ No_____ If yes, Amount $_____

ACKNOWLEDGEMENT

By signing below, I acknowledge that the information contained on this application is correct and valid. I understand that Ten Broeck Center will rely upon the truth and completeness of the information contained on this application form for the purpose of determining when or if a resident may need financial assistance. I hereby give Ten Broeck Center permission to verify the information supplied.

_____ _____

Applicant's Signature or Designated Representative Signature

Date

***THIS FACILITY DOES NOT DISCRIMINATE IN ADMISSION OR RETENTION AND CARE OF ITS RESIDENTS BECAUSE OF RACE, COLOR, CREED, SEX, AGE, NATIONAL ORIGIN, SPONSOR, SOURCE OF PAYMENT, DISABILITY, BLINDNESS, HANDICAP, SEXUAL PREFERENCE, OR MARITAL STATUS.**