



ST. JOSEPH'S
HOME FOR THE AGED

Administered by
THE MISSIONARY SISTERS OF ST. BENEDICT

Missionary Sisters of St. Benedict

350 Cuba Hill Rd.

Huntington, NY 11743

TEL: (631) 368-9528

FAX: (631) 266-1015

ADULT HOME
[APPLICATION PACKET]

I, _____ ,
[PRINT NAME HERE]

[SIGNATURE HERE]

on, _____ ,
[DATE]

do hereby apply for admission to:

St. Joseph's Home for the Aged
administered by the Missionary Sisters of St. Benedict.



ST. JOSEPH'S
HOME FOR THE AGED

Administered by
THE MISSIONARY SISTERS OF ST. BENEDICT

Missionary Sisters of St. Benedict
350 Cuba Hill Rd.
Huntington, NY 11743
TEL: (631) 368-9528
FAX: (631) 266-1015

Table of Contents

PART A: Welcome to our Home	1-2
Letter from the Administrator	1
About St. Joseph's Home for the Aged.....	2
PART B: Application Forms.....	3-13
Directions & Confidentiality Statement	3
Notification of Privacy Practices	4
Pre-Admission Retention Questionnaire.....	5-8
Pre-Admission Personal Data Form.....	9-13



ST. JOSEPH'S
HOME FOR THE AGED

Administered by
THE MISSIONARY SISTERS OF ST. BENEDICT

Missionary Sisters of St. Benedict

350 Cuba Hill Rd.

Huntington, NY 11743

TEL: (631) 368-9528

FAX: (631) 266-1015

On the behalf of the Sisters at the Missionary Sisters of St. Benedict, I thank you for expressing interest in residency at St. Joseph's Home for the Aged and look forward to assisting you throughout the admissions process.

Here at St. Joseph's Home, we strive to maintain a familial and nurturing atmosphere amongst our residents and staff. To achieve this, it is critical that our admissions process is thorough and personal so that we can gain a clear understanding of your expectations and needs in an effort to determine whether we can fulfill them to your satisfaction (although, we always strive for delight!). Our aim is to ensure a seamless adjustment into your future residency at St. Joseph's. This way, you can truly feel like a family member at our Home.

I will initiate this process by providing you with some general information regarding St. Joseph's Home for the Aged, and look forward to learning more about you in the near future.

Speak to you soon,

Sr. Justyna
Administrator



ST. JOSEPH'S HOME FOR THE AGED

Administered by
THE MISSIONARY SISTERS OF ST. BENEDICT

Missionary Sisters of St. Benedict

350 Cuba Hill Rd.

Huntington, NY 11743

TEL: (631) 368-9528

FAX: (631) 266-1015

ABOUT ST. JOSEPH'S HOME FOR THE AGED

St. Joseph's Home for the Aged is a private, non-profit Adult Home located in Huntington, New York and operated by Roman Catholic missionaries known as the Missionary Sisters of St. Benedict. Although the primary purpose of St. Joseph's Home for the Aged is to assist the elderly with daily living tasks, the meaning behind the existence of this facility extends far beyond this simple fact.

For us Sisters, St. Joseph's Home for the Aged serves as an extension of our Vision to glorify the Sacred Heart of Jesus and manifest His loving touch. While the Sisters and staff provide assistance with daily living tasks for each of the Homes' residents, the Home itself serves as a spiritual haven for its residents to live their lives on Earth in peace and tranquility while being treated with the utmost dignity and compassion. The familial atmosphere developed by the Missionary Sisters of St. Benedict over the course of the past 34 years is the reason why the residents regard St. Joseph's Home for the Aged as a place that they can truly call 'home'. Furthermore, both residents and their families can rest-assured that each resident is wholeheartedly treated in the most respectful manner—not just because they should be, but more notably, because it is the Missionary Sisters of St. Benedict's Mission to ensure that each resident is treated as an invaluable member of the Body of Christ.

The Sisters strive to be as autonomous as possible, which is why the majority of staff consist of Sisters from the Missionary Sisters of St. Benedict who have received training conducive with New York State Department of Health's regulation and live on-site. In addition to the aforementioned, all of the Sisters have received training at the onset of their religious life to care for the elderly and each has dedicated her life to providing the highest level of care and dedication of services to the resident population. The fact that the majority of our staff lives on-site gives our Home the unique ability to truly be able to provide care to our residents (including in the event of an emergency situation). We also employ a few personnel who are entrusted with the responsibility of caring for our residents. Each is chosen based on his/her exemplification of commitment to incorporating the principles of our mission.

The Sisters and staff make every effort to ensure that our residence provides a home-like atmosphere for the residents, so that each can find comfort in the genuine care that we earnestly provide. We hope that the information provided will begin to pave the way toward your peaceful and satisfying adjustment to St. Joseph's Home for the Aged.



ST. JOSEPH'S HOME FOR THE AGED

Administered by
THE MISSIONARY SISTERS OF ST. BENEDICT

Missionary Sisters of St. Benedict

350 Cuba Hill Rd.

Huntington, NY 11743

TEL: (631) 368-9528

FAX: (631) 266-1015

DIRECTIONS & CONFIDENTIALITY STATEMENT

DIRECTIONS: Prior to scheduling a tour and pre-admission interview with the prospective applicant, the following documents must be completed. If you have any questions, please do not hesitate to contact us at (631) 648-9428. Once completed, please drop the completed documents in a sealed manila envelope at the facility, or send the completed documents via mail to:

TO: Missionary Sisters of St. Benedict
ADDRESS: 350 Cuba Hill Rd. Huntington, NY 11743
RE: Admission application

Please complete the forms to the best of your knowledge. If additional space is needed, please attach on a separate piece of paper and submit.

Pre-Admission Retention Questionnaire

- Please complete and submit.
- Clarification of terms:
 - Independent- ability to perform task without assistance.
 - Intermittent- requires minimal, occasional supervision and/or assistance with task.
 - Continual- requires constant assistance and/or supervision throughout the task.

Pre-Admission Personal Data Form

- To give us a better idea of you as an applicant in preparation of a potential interview, please complete and submit.

CONFIDENTIALITY STATEMENT: All information provided within this Application Packet will be maintained in a confidential manner and will not be shared with any other person/entity other than the applicant and St. Joseph's Home for the Aged.



NOTICE OF PRIVACY PRACTICES

St. Joseph's Home for the Aged is required by federal and state law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of all our staff at the facility.

The privacy practices described in this notice will be followed by:

- All staff who render service to you;
- All employees and volunteers; and
- Any business associate of St. Joseph's Home for the Aged.

St. Joseph's Home for the Aged is committed to protecting the privacy of information we gather about you while you reside at the facility. Health information that identifies you is protected. For example:

- Demographic information, such as your name, address, race, etc.
- Unique information with identifying numbers, such as social security or telephone number.

In addition, we protect your personal medical information and your past medical history, which includes your health insurance plans or prescription coverage.

In order to coordinate the services that you will receive at the facility, your general written consent is required to enable us to disclose health information pertinent to your care, given the following circumstances:

- Tasks related to the provision and coordination of medical and personal care (including emergency services),
- Providing personal medical information to someone who has the legal right to act for you, or your personal representative or caregiver;
- For Public Health activities, such as reporting disease outbreaks;
- For judicial and administrative proceedings, such as in response to a court order;
- To avoid a serious and imminent threat to your health or safety;
- To prior authorized family members, friends, etc.

You have a right to receive and retain a copy of your personal medical information, and may amend anything that you believe is incorrect or missing. In order to do so, you must complete a written request for a copy of your medical information and submit this to the Case Manager/Administrator of the facility.

If you believe that there has been a violation of your privacy rights, ask to speak with the Case Manager/Administrator. You will not be penalized for filing a complaint.

I acknowledge that I have been provided a copy of the Notice of Privacy Practices, read it in its entirety, and fully understand it. I have been advised of how health information about me may be used and disclosed by St. Joseph's Home for the Aged, operated by the Missionary Sisters of St. Benedict.

I consent to the use and disclosure of my health information in the aforementioned circumstances while residing at St. Joseph's Home for the Aged.

RESIDENT'S NAME	DOB	DATE
RESIDENT'S REPRESENTATIVE		DATE
RESIDENT'S LEGAL REPRESENTATIVE (if applicable)		DATE
OPERATOR/DESIGNEE		DATE



PRE-ADMISSION RETENTION QUESTIONNAIRE

Pursuant to DOH guidelines, St. Joseph's Home for the Aged shall only admit individuals who do not require services beyond the scope of their licensure. The 'Pre-Admission Applicant Retention Questionnaire' assists us in accurately ascertaining whether or not the needs of the prospective resident can be appropriately met at St. Joseph's Home.

(1) How much assistance does the applicant require the physical assistance of another person to ambulate and/or to climb or descend stairs?

- Independent Intermittent Continual

COMMENTS: _____

(2) How much assistance does the applicant require to use a walker or wheelchair?

- Independent Intermittent Continual Not applicable

COMMENTS: _____

(3) How much assistance does the applicant require to transfer?

- Independent Intermittent Continual

COMMENTS: _____

(4) How much assistance does the applicant require with eating?

- Independent Intermittent Continual

COMMENTS: _____



PRE-ADMISSION RETENTION QUESTIONNAIRE

(5) How much assistance does the applicant require with bathing?

- Independent Intermittent Continual

COMMENTS: _____

(6) How much assistance does the applicant require with dressing?

- Independent Intermittent Continual

COMMENTS: _____

(7) How much assistance does the applicant require with grooming?

- Independent Intermittent Continual

COMMENTS: _____

(8) Is the applicant continent of bowel and bladder?

- YES NO

If NO, can incontinence be managed by assistance from staff; using a toileting schedule, or assisting with continence products?

- YES NO

COMMENTS: _____



PRE-ADMISSION RETENTION QUESTIONNAIRE

(9) Does the applicant have skilled health or mental health needs?

- YES NO

If YES, please describe the skilled health mental health needs:

(10) Is the applicant dependent on medical equipment?

- YES NO

If YES, can the applicant manage/operate it without staff assistance?

- YES NO

COMMENTS: _____

(11) Are there any noticeable behavioral issues?

- YES NO

If YES, please describe the noticeable behavioral issues:

(12) Are there any noticeable signs of drug or alcohol use?

- YES NO

If YES, please describe the noticeable signs of drug or alcohol use:



PRE-ADMISSION RETENTION QUESTIONNAIRE

(13) Is the applicant able to make his/her basic needs known through some method of communication?

YES

NO

COMMENTS: _____

(14) Is the applicant capable of responding to verbal cues/direction?

YES

NO

COMMENTS: _____



ST. JOSEPH'S HOME FOR THE AGED

Administered by
THE MISSIONARY SISTERS OF ST. BENEDICT

Missionary Sisters of St. Benedict

350 Cuba Hill Rd.

Huntington, NY 11743

TEL: (631) 368-9528

FAX: (631) 266-1015

PRE-ADMISSION PERSONAL DATA FORM

Name:	
Maiden Name:	Wishes to be addressed as:
Date of Birth:	Age:
Gender:	Social Security #:
Ethnicity:	Citizenship:
Address:	
Phone # (Home):	Phone # (Cell):

NOTIFY IN CASE OF AN EMERGENCY

Name:	
Relationship:	
Phone # (Home):	Phone # (Cell):
Address:	

Name:	
Relationship:	
Phone # (Home):	Phone # (Cell):
Address:	

Name:	
Relationship:	
Phone # (Home):	Phone # (Cell):
Address:	

BILLING INFORMATION

Name:	
Phone # (Home):	Phone # (Cell):
Address:	



ST. JOSEPH'S
HOME FOR THE AGED

Administered by
THE MISSIONARY SISTERS OF ST. BENEDICT

Missionary Sisters of St. Benedict

350 Cuba Hill Rd.

Huntington, NY 11743

TEL: (631) 368-9528

FAX: (631) 266-1015

PRE-ADMISSION PERSONAL DATA FORM

ATTENDING PHYSICIAN	
Name:	
Phone #:	Fax #:
Address:	

OTHER HEALTHCARE PROVIDERS	
Name:	
Specialty:	
Phone #:	Fax #:
Address:	

AREA HOSPITAL/CLINIC OF CHOICE	
Name:	
Specialty:	
Phone #:	Fax #:
Address:	

INSURANCE INFORMATION	
Insurer:	ID #:
Medicaid No.	
Medicare No.	
Prescription Drug Plan (if any):	ID #:
Other Healthcare Coverage:	ID #:

PHARMACY INFORMATION	
Name:	
Phone #:	Fax #:
Address:	



ST. JOSEPH'S
HOME FOR THE AGED

Administered by
THE MISSIONARY SISTERS OF ST. BENEDICT

Missionary Sisters of St. Benedict

350 Cuba Hill Rd.

Huntington, NY 11743

TEL: (631) 368-9528

FAX: (631) 266-1015

PRE-ADMISSION PERSONAL DATA FORM

INTERESTS & HOBBIES

Please describe your interests and hobbies:

--

WORK HISTORY

Type of Business or Industry:

Length of Employment:

Union Membership:

Name of position or type of work performed, and brief description of work:

--

RESIDENTIAL BACKGROUND

Describe your residential background—i.e. where you are born/raised, lived most of life, etc.

--



ST. JOSEPH'S
HOME FOR THE AGED

Administered by
THE MISSIONARY SISTERS OF ST. BENEDICT

Missionary Sisters of St. Benedict
350 Cuba Hill Rd.
Huntington, NY 11743
TEL: (631) 368-9528
FAX: (631) 266-1015

PRE-ADMISSION PERSONAL DATA FORM

		RELIGIOUS AFFILIATION
Religion:		
Place of Worship:		

		BURIAL ARRANGEMENTS
Cremation:		
LOT #:	SEC:	
Range:	Owner of Plot:	
Name of Cemetery:		
Holder of Deed:		
Printed name of person responsible for funeral expenses:		
Signature of person responsible for funeral expenses:		
Phone # of person responsible for funeral expenses:		
Printed name of person responsible for financial payments if applicant is incapacitated:		
Signature of person responsible for financial payments if applicant is incapacitated:		
Phone # of person responsible for financial payments if applicant is incapacitated:		



ST. JOSEPH'S
HOME FOR THE AGED

Administered by
THE MISSIONARY SISTERS OF ST. BENEDICT

Missionary Sisters of St. Benedict

350 Cuba Hill Rd.

Huntington, NY 11743

TEL: (631) 368-9528

FAX: (631) 266-1015

PRE-ADMISSION PERSONAL DATA FORM

ADDITIONAL INFORMATION

Please explain why you wish to live at St. Joseph's Home for the Aged, administered by the Missionary Sisters of St. Benedict in Huntington, NY:

REFERRAL INFORMATION

Referred by: