

APPLICATION FOR ADMISSION
New England Homes for the Deaf, Inc.
154 Water Street, Danvers, MA 01923
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www.nehomesdeaf.org
info@nehomesdeaf.org

Introductory Note

Welcome to the New England Homes for the Deaf. We thank you for your interest in this very special program and hope that you will find all your contact with our facility a pleasant experience. Attached you will find our admission forms which must be completed prior to consideration of your residency. If you have questions or concerns about any of the forms, please do not hesitate to ask our Case Manager and Admissions Coordinator Karen Powers. You are encouraged to visit New England Homes for the Deaf before you apply for admission in order to tour our buildings and meet with our residents and staff.

Established in 1901, it is the only such facility in the Northeastern United States and one of just two in the entire country. It is rare that a Deaf applicant does not encounter old friends upon visiting. The New England Homes is overseen by a volunteer board of directors with daily operations the responsibility of a master's level licensed nursing home administrator. You will find that a high percentage of our staff is Deaf. All staff is required to know and use American Sign Language and the tactile forms of communication required by the Deaf/blind. For over one hundred years, the New England Homes for the Deaf is considered the "home" of "Deaf Senior Citizen" culture. There is a large recreation hall that provides regular social events for both residents and Deaf seniors still living within the community. Residents of our independent living facility, The Thompson House, also join these social events.

Applicants who do not meet the state requirements for Medicaid are required to support the cost of their care at the private daily rate as set annually by this facility. (For Federal tax purposes, the Home is classified as a charitable corporation under 501 (c) (3) of the Internal Revenue Code. Gifts and bequests are deductible to the extent provided by law.

Again, I welcome you to the New England Homes for the Deaf. If I can be of help to you in making your decision, please do not hesitate to call on me.

Judith G. Good, M.S.M, LNHA
President & CEO

Name

Address

Date and Place of Birth

Married ____, **Single** ____, **Widow** ____, **Widower** ____, **Divorced** ____, **Separated** ____

If married or separated, name of spouse:

Next of kin (person to assist with your personal affairs)

Name:

Street Address:

City

State

Zip Code

Phone Number: (V or TTY)

Email Address:

Health Care Proxy (if different from the next of kin):

Name:

Street Address:

City

State

Zip Code

Phone Number: (V or TTY)

Email Address:

PERSONAL HISTORY

What is the general state of your health?

Good ____ Fair ____ Poor ____ Very Poor ____

Do you require assistant with:

____ Bathing ____ Dressing ____ Cooking

____ Taking medications ____ Walking

Pls explain any other assistance you require:

When did you become Deaf? _____

If you are blind, when did you become blind? _____

How you communicate (i.e., signing, lip-reading, speaking)? _____

Where did you go to school? _____

What was your last grade completed? _____

What was your occupation? _____

Are you a citizen of the United States of America? __Yes __No

Please list two persons, preferably Deaf persons, who can give you a reference

Name

Address

Phone Number

_____ Na
me

_____ Ad
dress

_____ Ph
one Number

FINANCIAL

Information on this page is optional. However, if you feel that you may be eligible for assistance from Mass Health, this information will assist us in determining if you may be eligible. If you meet eligibility guidelines, we will assist you in making application. All information is treated confidentially.

Income:

	<u>Per Month</u>
A. Social Security/SSI/Veterans Benefits	\$ _____
B. Pension	_____
C. Annuities	_____
D. Other private income (indicate source)	_____
E. Old Age and Disability Assistance	_____
F. Other public aid	_____
G. Charitable or religious organization	_____
H. Other (indicate)	_____
I. Total	_____

Do you own life insurance? _____
If term insurance please note the benefit amount: _____
If not term, the current cash value: _____

Do you have a prepaid burial plan or a bank account restricted for funeral expenses? Yes No
If prepaid, please provide a copy of the agreement.

State what assets you now own – to include real estate, stocks/bonds, cash/certificates of deposit, etc.

Do you have a will? _____

If so, who is named as executor? _____

REASONS FOR APPLYING FOR ADMISSION

Please state the reason you request admission to the New England Homes for the Deaf.

Is there anything else you wish for New England Homes for the Deaf to know about you?
