11875 S. Sunset Drive, Suite 100
Olathe, KS 66061
P: 913-477-8227
F: 913-477-8001
www.ecojc.org

Evergreen Community of Johnson County

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Pre-Move In Information

This form is designed to help potential tenants and their families gather and compile the information necessary to move into a long term care community, such as Evergreen. Please fill this form out accurately and completely, and attach any additional information requested. If you need help during the process, please contact Evergreen's Life Transition Specialist, at 913.477.8227 or stephanieh@ecojc.org with questions or to schedule an appointment to get further assistance.

Resident Information

First Name_____Middle Initial_____Last Name_____
Permanent Address_____
_____
Current Location_____
_____
Date of Birth_____Age_____Gender_____Race_____Veteran?_____
Birthplace_____Marital Status_____Religion_____
Primary Language_____Education Level_____
Citizenship_____Previous Occupation_____SS#_____

Emergency Contact Information

Name_____Relationship_____
Address_____
Cell Phone_____ E-mail Address_____
Home Phone_____Work Phone_____

Additional Contact(s) Information

Name_____Relationship_____
Address_____
Cell Phone_____ E-mail Address_____
Home Phone_____Work Phone_____

Name_____Relationship_____
Address_____
Cell Phone_____ E-mail Address_____
Home Phone_____Work Phone_____

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Payment Information

Please note our daily room rates: $245/day for Semi-Private and $265 for Private Rooms.

This section helps ensure that each individual has the means to pay for care. Each person must disclose financial information (along with corroborating paperwork). Evergreen has an obligation to determine if incoming residents meet the criteria for any state or federal funding. This process is similar in nature to a person divulging financial information to get a mortgage; Evergreen is, in effect, the individual's new home.

What is your expected payer source when moving in?

____**Private Pay** ____**KanCare (previously Medicaid)** ____**LTC Insurance**

- Is the individual currently enrolled in Medicare (Part A or B) or KanCare or plan to apply? What MCO are they currently enrolled in? Does he/she have supplemental insurance?

  _____

  _____

- Does the individual receive Veterans Benefits, Railroad Retirement, SSI funds, or a private or government pension? What is the total amount of monthly income?

  _____

  _____

- What are the individual's assets, including cash, checking and savings accounts, stocks, bonds, CDs, trust funds, and real estate holdings?

  _____

  _____

- Does the individual have any paid-up life insurance policies or paid-up burial insurance or long-term care insurance?

  _____

  _____

- Has the individual transferred assets in the last 3-5 years?

  _____

  _____

- What is the individual's current living situation (rental housing, own a home)? What is the amount of the monthly rental or mortgage payment? Is he/she still paying utilities?

  _____

  _____

****Please provide copies of a photo ID and all insurance cards (front and back)****

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Pertinent Medical Information

Major Diagnoses:_____
_____

Has the individual had any recent hospitalizations? _____Yes _____No
If so, please list hospital, date(s), and admitting diagnosis:_____
_____

Have you stayed in other rehab or LTC communities in the past 12 months? ___Yes ___No
If so, when and where?_____
_____

Are you a smoker? _____Yes _____No
If you used to smoke, when did you quit? _____

Do you drink alcohol?____Yes____No
If so, how much/often:_____

Are you currently receiving hospice services? _____Yes _____No
If so, which hospice company are you using:_____
Date of Admission:_____ Primary Diagnosis_____

Our Life Transition Specialist assists families through the move-in process, but it helps to be prepared. Evergreen requests the following additional information from your primary care physician (either in the community or at another long term care community). This information can either be personally obtained by you or your Durable Power of Attorney, or if a signed Information Release Form is on file, Evergreen can request the information.

- Face Sheet (Basic Information)
- History and Physical
- Current Physician's Orders (Treatments and Medications)
- Recent lab or X-Ray results, if applicable
- Last 6 months of their weight record
- Immunization Records i.e. Influenza, Pneumovax, and TB Skin Test
- Doctors', Nurses', Social Workers', and/or Therapy Progress Notes
- See Information Release Form (attached) for extended list of information to be requested

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Advanced Directives

Have you currently named a family or friend to be your Durable Power of Attorney (DPOA) for Health Care? _____Yes _____ No
If so, who? _____Relationship_____
Additional Agents and Relationships:_____

Have you currently named a family or friend to be your Durable Power of Attorney for Finances? _____Yes _____ No
If so, who? _____Relationship_____
Additional Agents and Relationships:_____

Do you currently have a Living Will completed? ____Yes ____No

Please provide copies of all DPOA and Living Will paperwork. If you have not appointed a DPOA for health care/finances or completed a Living Will, the Quality of Life Department at Evergreen can help you do so.

CARE Assessment

A CARE (Client Assessment, Referral, and Evaluation) Assessment must be completed by the state of Kansas prior to moving into any Medicaid accepting long term care community, such as Evergreen. These must be requested through the local Kansas Aging and Disability Resource Center at 913.715.8820.

Do you have a CARE Assessment completed? ____Yes ____No

- If yes, when? Date of completion:_____
  **Please provide a copy of CARE Assessment
- If no, has one been requested? ____Yes ____No
  - If yes, when? Date of request:_____

Additional Information:_____
_____
_____
_____
_____
_____

Please Fax, Mail, or Drop Off to:
Evergreen Community Attn: Stephanie Hoover
11875 S. Sunset Drive, Suite 100, Olathe, KS, 66061
Phone 913.447.8272 Fax 913.477.8001

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AUTHORIZATION TO RELEASE INFORMATION

Name:_____

D.O.B.: _____ Social Security #: _____

Name of Institution Holding Records: _____

Phone Number:_____

Fax Number:_____

I authorize you to release records to Evergreen Community of Johnson County,
(11875 S. Sunset Drive, Suite 100, Olathe, KS, 66061) for the purposes of assessment and admission.
This information may be faxed to ECOJC at **(913)477-8005.**

Please release the following portion(s) of the individual's medical record:

_____ Discharge Summary
_____ History & Physical
_____ CARE Assessment/PASRR
_____ Operative Report(s)
_____ Progress notes
_____ Physicians Orders
_____ Medication Records
_____ Other _____

_____ Physical Therapy Eval & notes
_____ Occupational Therapy Eval & notes
_____ Speech Therapy Eval & notes
_____ Lab/Diagnostic Testing Report(s)
_____ Advanced Directives
_____ Immunization Records
_____ Psychiatric/ Behavioral Health records

This authorization will remain in effect for thirty (30) days, at which time the consent will expire unless revoked earlier. This authorization can be revoked in writing by the individual at any time, but is NOT retroactive to the release of information made in good faith. By signing this authorization, the undersigned agrees NOT to disclose as expressly permitted by necessary implication inherent in the purpose of the original consent or authorization.

PROPOSED NEW USE OF INFORMATION WITHOUT ADDITIONAL WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS IS PROHIBITED.
The undersigned hereby releases the above mentioned institution from any liability which may arise from release and/or examination of the information indicated above.

Signed: _____ Date: _____
(Name or representative)

Witness: _____ Date: _____