



# Belknap County Nursing Home

## Resident Data Sheet

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

DOB \_\_\_\_\_ Birthplace \_\_\_\_\_ US Citizen \_\_\_\_\_

Male/Female Age \_\_\_\_\_ Date of Retirement \_\_\_\_\_ Marital Status \_\_\_\_\_

Veteran \_\_\_\_\_ SS# \_\_\_\_\_ Medicaid# \_\_\_\_\_

Medicare# \_\_\_\_\_ Prescription Plan \_\_\_\_\_

Other Insurance \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

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Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Veteran: Yes  No  If yes are you receiving benefits: \_\_\_\_\_

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Primary/Responsible Contact:  DPOA-HC  DPOA-F  Guardian-Person  Guardian-Estate

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Belknap County Nursing Home does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact Deb Laflamme, Section 504 Coordinator, 603 527-5410



*County Commissioners*  
David DeVoy  
Hunter Taylor  
Richard Burchell

MATHEW LOGUE, NHA  
*Nursing Home Administrator*  
[mlogue@belknapcounty.org](mailto:mlogue@belknapcounty.org)

**BELKNAP COUNTY NURSING HOME**  
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[www.belknapcounty.org](http://www.belknapcounty.org)

**DIANNE ROBERTS, RN**  
*Director of Nursing Services*  
[droboters@belknapcounty.org](mailto:droboters@belknapcounty.org)

Dear Prospective Resident,

Thank you for your interest in Belknap County Nursing Home. We take pride in offering the residents of Belknap County, quality skilled and long term health care. BCNH is a modern facility fully equipped to meet the needs of all residents, from care and comfort to rehabilitation and recreation. Annette Griffis, Director of Social Services, will assist you with the admission process when you feel the time is right. If you have not visited BCNH recently please call for an appointment. We know you will find the staff to be caring, compassionate and professional, and the environment to be bright, active and friendly.

#### Pre-Admission Process

It is very important that BCNH can meet your rehabilitation or long term care needs therefore, prior to admission certain information will be requested via the preadmission packet. The pre-admission packet contains a Resident Data Sheet and a checklist of needed documentation. We have also included information about our services and what is included and not included in your Medicaid/Medicare or Private Pay status. When we have received the requested documentation, BCNH's admission team reviews the information and will set up an informal interview to be sure BCNH can meet your needs both medically and socially. Once we have determined that all needs can be met, we will assign a room, set up an admission date and begin the admission process.

#### Admission Process

On the day of admission, certain forms explaining our policies and procedures, resident rights, privacy practices, Medicaid Income and Asset Rules for Nursing Home Residents, and financial considerations, will need to be reviewed and signed. The nursing staff will then perform their evaluations and admission assessments. Families are invited to join us for lunch on the day of admission and help personalize the new room.

We have a full complement of staff including nurses, licensed nursing assistants, social services, community relations, housekeeping, maintenance, rehabilitative professionals, laundry, dietary staff, registered dietician, beautician and a large activity department. We are here to meet your needs. Please feel free to ask questions of any employee or resident. We will be more than happy to assist you.

Very truly yours,

*Mathew Logue, NHA*  
Administrator

*Dianne Roberts, RN*  
Director of Nursing



# Belknap County Nursing Home

## Pre-Admission Check List

**Please provide Belknap County Nursing Home with the following documentation prior to admission.**

### **Resident Data Sheet**

- Complete and return

### **Financial Information**

- Copy of Medicare Card
- Copy of Medicaid Card or Date Applied (if applicable)
- Med D Plan (prescription payer source)
- Copy of Insurance Cards (if applicable)
- Funeral Home
- Copy of SS Card/ Statement with Number
- Copy of DPOA Financial or Guardianship Over Estate
- Copy of Letter from Life Insurance Co stating Face Value/Cash Value if not paying premium
- Copy of SS Check, Pension Checks and/or other source of income
- Copy of most current Bank Statement

### **Medical Information**

- Copy of DPOA- Health Care or Guardianship Over Person
- Living Will

# Belknap County Nursing Home



## Medicaid Residents

### SERVICES COVERED IN YOUR MEDICAID BOARD AND CARE PAYMENT

- \* Room & Board (to include special diets)
- \* 24-Hour Nursing Care
- \* Medications
- \* Oxygen Therapy
- \* Dental Services
- \* Physician Services
- \* Laundry
- \* Housekeeping
- \* Activities
- \* Dietary Counseling
- \* Physical Therapy
- \* Social Services
- \* Stock Medical Supplies (dressings, etc...)
- \* Stock personal supplies (soap, shampoo, etc...)
- \* Stock medical equipment (bed, wheelchair, etc...)
- \* Beautician/barber shop

### SERVICES NOT COVERED IN YOUR MEDICAID BOARD AND CARE PAYMENT

- \* Personal clothing, shoes
- \* Personal television, radios, telephone, batteries.
- \* Television Cable (price varies from \$5.00-\$25.00)
- \* Repair costs of personal items
- \* Stamps, outside shopping items
- \* Eye glasses (cost uncovered by Medicare/Medicaid/other insurance)
- \* Hearing aides (cost uncovered by Medicare/Medicaid/other insurance)
- \* Dental Services (cost uncovered by Medicare/Medicaid/other insurance)
- \* Special Medical Equipment
- \* Funeral expenses

THE MEDICAID OFFICE DETERMINES RESIDENT LIABILITY AMOUNT.

# Belknap County Nursing Home



## Private Pay Residents

### SERVICES COVERED IN YOUR PRIVATE PAY BOARD AND CARE PAYMENT

- ★ Room & Board (to include special diets)
- ★ 24-Hour Nursing Care
- ★ Oxygen Therapy
- ★ Dental Services
- ★ Physician Services
- ★ Laundry
- ★ Housekeeping
- ★ Activities
- ★ Dietary Counseling
- ★ Physical Therapy
- ★ Social Services
- ★ Stock Medical Supplies (dressings, etc...)
- ★ Stock personal supplies (soap, shampoo, etc...)
- ★ Stock medical equipment (bed, wheelchair, etc...)
- ★ Beautician/barber shop

### SERVICES NOT COVERED IN YOUR PRIVATE PAY BOARD AND CARE PAYMENT:

- ★ Medications/Pharmacy Charges
- ★ Physician Charges
- ★ Hospital Costs
- ★ Ambulance
- ★ Eye Care & Eye Glasses
- ★ Hearing Care & Hearing Aides
- ★ Dental Services (Outside Nursing Home Services)
- ★ Special Medical Equipment
- ★ Personal clothing, shoes
- ★ Personal television, radios, telephone, batteries.
- ★ Television Cable (price varies from \$5.00-\$25.00)
- ★ Repair costs of personal items
- ★ Stamps, outside shopping items
- ★ Funeral expenses

PRIVATE PAY RATE: \$290.00/DAY – SUBJECT TO CHANGE