

Mountain View Manor-Assisted Living
 P.O. Box 1530, 16 N 12th Street, Petersburg, AK 99833
 Phone (907) 772-2445 Fax (907) 772-2435

	Head of Household	Spouse/Co-Tenant
First Name		
Middle Name		
Last Name		
Social Security Number		
Driver's License/ID #		
----Issuing State of ID		
Date of Birth		
Sex		
Mailing Address		
Residence Address		
Home Phone Number		
Cell Phone Number		
Emergency Contact Name		
----Mailing Address		
----Phone Number		
----Cell Phone Number		

***If you require specific accommodations to allow for a disability or handicap, please explain the type of accommodation required:** _____

How did you hear about Mt. View Manor-Assisted Living? _____



Are you interested in an: *(check all that apply)*

Assisted Living apartment? _____ Yes _____ No

Independent Living apartment? _____ Yes _____ No

If yes to Independent Living: *(check all that apply)*

1 bedroom apartment? _____ Yes _____ No

Current Cost \$1300.00

2 bedroom apartment? _____ Yes _____ No

Current Cost \$1500.00

If yes to Assisted Living, what will your payment method be:

Private Pay? _____ Yes _____ No

Long Term Care Insurance? _____ Yes _____ No

General Relief? _____ Yes _____ No

Name of Care Coordinator _____

Phone Number _____

Medicaid Waiver ? _____ Yes _____ No

Name of Care Coordinator _____

Phone Number _____

FINANCIAL/MEDICAL INFORMATION (ASSISTED LIVING APPLICANTS ONLY)

Please LIST SOURCES/AMOUNTS. If more room is needed, attach a sheet to the back.

INCOME INFORMATION	HEAD OF HOUSEHOLD		SPOUSE/CO-TENANT	
	Monthly	Annual	Monthly	Annual
Source				
Wages				
Social Security				
SSI/SS Survivor's Benefits				
Veteran's Benefits				
Pension/Retirement				
Senior Care Assistance				
Adult Public Assistance				
Alaska Permanent Fund				
Other				



ASSET INFORMATION	HEAD OF HOUSEHOLD		SPOUSE/CO-TENANT		
	Source	Number/Description	Value	Number/Description	Value
Checking Accounts					
Savings Accounts					
Money Market Accounts					
Trusts					
IRA/Retirement Accounts					
Time Certificates/CDs					
Stocks/Bonds					
Real Estate					
Investment Property					
Other					
Other					

MEDICAL INFORMATION	HEAD OF HOUSEHOLD	SPOUSE/CO-TENANT
Primary Insurance Carrier		
----Member ID/Policy #		
Secondary Insurance Carrier		
----Member ID/Policy #		
Medicare #		
Medicaid #		
Other		
Other		
Other		



- * I understand that by completing this form, I will be placed on a list to determine if I am eligible to assume residency in Mt. View Manor, Assisted Living.

CERTIFICATION: I certify that the above information is true and complete to the best of my knowledge and belief.

Signature of Applicant _____ Date _____

Signature of Power-of-Attorney _____ Date _____

Signature of Co-Applicant _____ Date _____

Application received by _____ Date _____



Requirements for residency at Petersburg Borough – Mt. View Manor – Assisted Living:

- Must have completed an assessment prior to occupancy to establish a residential services contract and an Assisted Living Plan (AS 47.33.210, AS 47.33.220).
- Must have a Doctor’s health status evaluation, completed no more than 60 days prior to the assessment.
- Must have designated a “local doctor of record” prior to residency.
- Must have a signed Residential Living Plan developed in accordance with AS 19.33.220.
- Must need assistance with at least 2 activities of daily living if applying for Assisted Living.
- Must be free of infectious diseases.
- Must have financial resources to pay for the cost of rent, meals and services provided.
- Must have needs that fall within the levels of service authorized for Mt. View Manor - Assisted Living and the ability of the staff and the facility.
- Must not require more than two person transfer.

Note: The applicant will be determined to be ineligible for residency if the applicant cannot meet the eligibility requirements listed above.

Procedures to determine eligibility:

Each potential resident will require an assessment to determine whether services can be provided by Mt. View Manor - Assisted Living.

An assessment meeting to determine eligibility will be scheduled between the Administrator, the Consulting RN, other care providers, if appropriate, the applicant and the applicant’s representative, if applicable. This group shall be known as the assessment team. During the assessment meeting, the eligibility requirements will be reviewed by the assessment team in order to verify that the applicants meet the requirements. The Administrator or representative will explain to the applicant and the applicant’s representative the rates for the monthly rent, food and service charges and the services that can be provided. The assessment team will evaluate the doctor’s health status evaluation to determine if the applicant:

- Is free of infectious diseases.
- Has any physical disabilities or impairments that are relevant to providing services.
- Has any medical, general health, emotional or mental health or other conditions at are relevant to providing services.

A final decision of acceptance and ability to meet the potential resident’s needs will be determined at the time of a meeting, in person with the potential resident.

The assessment team will develop an Assisted Living Plan that is mutually acceptable to the team members if the applicant has been determined to meet all the other eligibility criteria.

Signature of Applicant _____ Date _____

Signature of Power-of-Attorney _____ Date _____

Signature of Co-Applicant _____ Date _____

Application received by _____ Date _____



PREVIOUS LANDLORDS:

Please list your landlords for the past 5 years

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

Landlord's Name _____

Address _____

Phone Number _____ How Long? _____

You can mail this application to: Mt. View Manor
Assisted Living
PO Box 1530
Petersburg, AK 99833

Or you can bring it to: Mt. View Manor
Assisted Living
16 N 12th Street
Petersburg, AK 99833

Or in a sealed envelope to: Petersburg Borough
Finance Office
12 South Nordic Drive
Petersburg, AK 99833

