MARY WADE | Chatham Place at MARY WADE

A longstanding senior community with a tradition of quality healthcare

ADMISSION APPLICATION

❑ **Skilled Nursing Care**
118 Clinton Avenue • New Haven, CT 06513
Tel. (203) 562-7222 • Fax (203) 562-1639
Email: rmondrone@marywade.org
Website: marywade.org

❑ **Assisted Living - Chatham Place at Mary Wade**
138 Clinton Avenue • New Haven, CT 06513
Tel. (475) 900-6040 • Fax (203) 497-6113
Email: mfoley@marywade.org
Website: chathamplace.org

Please complete this confidential application for the Mary Wade | Chatham Place Senior Living Campus. Once your application is submitted and reviewed, a member of our team will contact you.

☐ Desired Move-in Date: _____
☐ I am the applicant (person receiving care)
☐ I am completing this form on behalf of the applicant

APPLICANT

Name _____ Home Phone _____

Address _____ Cell Phone _____

Email Address _____ Date of Birth _____

Birthplace _____ Gender _____

Religion _____

Marital Status

❑ Married ❑ Divorced ❑ Widowed ❑ Single

Are you a Veteran? ❑ Yes ❑ No

Are you a spouse of a Veteran? ❑ Yes ❑ No

Spouse Name _____ Home Phone _____

Address _____ Cell Phone _____

Email Address _____

- OVER -

RESPONSIBLE PARTY (IF DIFFERENT FROM APPLICANT)

Name _____ Home Phone _____

Relationship _____ Cell Phone _____

Address _____ Email Address _____

PRIMARY CARE PHYSICIAN

Name _____ Phone _____

Address _____ Fax _____

Email _____

REFFERNG PHYSICIAN

Name _____ Phone _____

Address _____ Fax _____

Email _____

LEGAL REPRESENTATIVE(S) AND DECISION-MAKING AUTHORITY

DOES ANYONE HOLD:

Power of Attorney: ☐ Yes ☐ No

Conservator of Estate/Financial: ☐ Yes ☐ No

Conservator of Person ☐ Yes ☐ No

Health Care Representative ☐ Yes ☐ No

Name _____ Phone _____

Address _____ Fax _____

Email Address _____

MEDICAL HISTORY

Diagnosis _____

Current Medications:

_____ _____

_____ _____

_____ _____

_____ _____

Have you been in the hospital for 3 nights in the last six months? ❑ Yes ❑ No

FINANCIAL INFORMATION

INSURANCE

Social Security Number _____ Medicare A No. _____

Medicare B Number _____ Medicare D No _____

Medicare Secondary Insurance Number (Medigap) _____

Medicaid Number_____

Private Insurance Carrier Name_____ Insurance Number_____

Do you participate in a Managed Care Medicare Program (HMO) ❑ Yes ❑ No
Name of HMO Carrier_____

APPLICANT'S ASSETS

Within the past 60 months, have you OR YOUR SPOUSE given away any assets? ❑ Yes ❑ No
(Cash, real estate, securities) valued at $1,000 or more? ❑ Yes ❑ No

Within the past 60 months have you OR YOUR SPOUSE created a Trust?

Within the past 60 months have you OR YOUR SPOUSE placed assets in an existing trust? ❑ Yes ❑ No

Real Estate Property ❑ Own ❑ Rent
Stocks and Bonds ❑ Yes ❑ No
Life Insurance ❑ Yes ❑ No

INCOME

Social Security ❑ Yes ❑ No $_____ / month
Pension ❑ Yes ❑ No $_____ / month
Bank Account(s) ❑ Yes ❑ No $_____ / month
Who pays your bills? ❑ Self ❑ Spouse ❑ Other (Please specify) _____

HOW DID YOU HEAR ABOUT US?

How did you hear about the Mary Wade | Chatham Place at Mary Wade?

☐ Television ☐ Social Media ☐ Radio ☐ Doctor Recommendation ☐ Word of Mouth ☐ Other

Waitlist

☐ If there is no immediate availability for your desired level of care, your name will be placed on our waiting list upon receipt of your substantially completed application. Under Connecticut law (CGS § 19a-533), it mandates that skilled nursing facilities use a first-come, first-served waiting list system based on the application date, ensuring fair, non-discriminatory

access regardless of payment source. Effective July 1, 2025, Connecticut law (HB 6910) allows nursing homes with U.S. VA contracts to bypass standard waiting lists for service-connected veterans, creating faster access.

Acknowledgment of Notice of Privacy Practices

☐ I acknowledge that I have received or have been given the opportunity to receive a copy of Mary Wade | Chatham Place at Mary Wade's Notice of Privacy Practices, which explains how my health information may be used and disclosed.

☐ I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge.

Your Signature _____ OR Signature of Person Acting For You _____

Title or Relationship to You _____

Date: _____