



Wait List Paperwork Check List

- Submit a fee of Two Thousand Seven Hundred and Fifty dollars (\$2,750) which is fully refundable if your application is not accepted. Please make check payable to: The Huntington at Nashua.
- Wait List General Information Application.
- Request for Medical Records Form **and** Authorization Form (for the Use and Disclosure of Individually Identifiable Health Information) [1 per person]
 - Give these to your physician's office. **Two-Years** of complete Medical History including lab work must be received by The Huntington prior to scheduling your Medical Assessment Appointment.
- Confidential Financial Application
- Previous year's Tax Return
- Copies of Medicare and Supplemental Insurance Card

If your application is accepted, Seven Hundred and Fifty dollars (\$750.00) is a non-refundable application fee. Two Thousand dollars (\$2,000) is a deposit which is applied to the entrance fee upon move-in. There is no interest paid on the deposit. The \$2,000 deposit is refundable if you submit in writing your desire to withdraw from our Wait List.

Consider yourself on the Wait List for The Huntington at Nashua upon receiving written notification of your acceptance. Based on your indicated/desired waiting time and apartment choice, you will be notified when an apartment or cottage is available for you to consider.

At the time you accept an apartment or cottage, you will be asked to update your application both financially and medically before final approval is established.





Wait List
Number: _____

**Wait List
Applicant(s) General Information**

Date: _____

Applicant Name: _____

Age: _____ **Date of Birth:** _____

Second Applicant's Name: _____

Age: _____ **Date of Birth:** _____

Current Address: _____
(Street) (City) (Zip Code)

Current Telephone Number: _____

Do you plan on bringing a pet? _____ **If so, what type?** _____

Type of Apartment/Cottage Home you are interested in occupying: (number in preference)

- | 1-Bedroom
1 Bath | Large 1-Bedroom
1.5 Baths | 2-Bedroom
2 Baths | Cottage |
|-----------------------------|--------------------------------------|------------------------------|----------------|
| ___ ANY | ___ ANY | ___ ANY | ___ Banbury |
| ___ Amberley | ___ Gleaston | ___ Oxford | ___ Newcastle |
| ___ Duffield | ___ Kingsland | ___ Pembridge | ___ Richmond |
| ___ Ellesmere | ___ Levington (w/Den) | ___ Scarborough | |
| | | ___ Windsor | |

I prefer:
___ An End Unit ___ A Non-End Unit ___ Either ___ Basement
___ Ground Level ___ Second Level ___ Third Level

I would like to move to the Huntington:
___ As soon as possible ___ 1-2 Years ___ 2-5 Years ___ 5+ Years

Seasonal Information:
Seasonal Address: _____
(Street) (City) (Zip Code)

Seasonal Telephone Number: _____





55 Kent Lane
Nashua, NH 03062
603-598-1440 – Fax: 603-598-1442
www.TheHuntingtonAtNashua.org

Request for Medical Records

Dear Physician:

Your patient, _____ has applied for admission to The Huntington at Nashua which offers Independent Living, Assisted Living, and Nursing Care. The focus of The Huntington at Nashua is to provide a quality environment which encourages individuals to maintain healthy, active, and self-sufficient lifestyles.

In order for the application process to move forward, **The Huntington requires two-years of medical history including all notes, labs, and specialist reports.** If the last physical is older than six months, we ask that one be completed at this time. Please include immunization records and allergies, if any.

Attached you will find a Notarized Medical Records Release.

Thank you for providing this necessary information. Should you have further questions about The Huntington at Nashua, please do not hesitate to call.

Sincerely,

Eileen M. Hegarty
Director of Operations

I, the undersigned, authorize the release of the following medical information to the management on a need to know basis.

Future Resident

Address

Date: _____

Authorization Form (HIPAA)

For the Use and Disclosure of Individually Identifiable Health Information

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that the information I authorize a person or entity to receive may be re-disclosed and is no longer protected by federal privacy regulations.

This authorization expires on _____

Persons/Organizations authorized to use and/or disclose the information:

Persons/Organizations authorized to receive the information:

The Huntington at Nashua. 55 Kent Lane, Nashua, NH, 03062

Specific description of information that may be used/disclosed:

All records for 2 years including lab work

The information will be used/disclosed for the following purposes:

Moving into The Huntington at Nashua

I understand that this authorization is voluntary and that I may refuse to sign this authorization. I understand that the Department will not condition treatment, payment or enrollment in a health plan based on this authorization. I understand that I may revoke this authorization at any time by notifying the Department in writing. However, the revocation will not be valid if:

- a. The Department has taken action in reliance of this authorization; or
- b. If this authorization is obtained as a condition for obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

Please sign below.

Signature

Date

DOB

Address

Printed Name

Notary Name & Seal

If the above signature is that of a patient representative, please attach the appropriate legal documentation.

<p>If the above signature is that of a patient representative, complete the following: The Department has verified the identity of the patient representative.</p>	
<p>_____ Signature/Title</p>	<p>_____ Date</p>

Please list any Debts (i.e., Mortgage) or Liabilities in excess of \$5,000.

_____	\$ _____
_____	\$ _____
_____	\$ _____

Please include any comments regarding the Financial Information listed.

(Please identify line item #)

	1 st Person	2 nd Person
Do you have Long Term Care Insurance?	Yes No	Yes No

Name(s) of Power of Attorney: _____
(First Person) (Second Person)

Please give name, address and telephone of children or nearest relatives.

1. _____
2. _____

I understand that prior to accepting this application, the Approval Committee may request additional information concerning my finances.

_____	_____
First Person	Second Person
_____	_____
Date	Date

**** PLEASE BRING LAST YEAR'S TAX RETURN TO THE APPOINTMENT.**

