



## Eligibility and Application Instructions

TO QUALIFY FOR Edith Kassanavoid Gordon Assisted Living Center, YOU MUST:

1. Be age 62 or older
2. Prove you are unable to safely do one or more of the following:
  - a. Personal care (meals, housekeeping, dressing, personal hygiene and laundry)
  - b. Protection from daily environmental hazards
  - c. Medication administration
  - d. Assistance with transfer or ambulation
3. Show your care needs can be met with the resources available at the Assisted Living Center while meeting your dignity and social needs.
4. Require nursing supervision to ensure routine health care needs are met, but must not require 24 hour a day skilled nursing care (LPNs & CNAs will be hired to cover the 24 hour nursing supervision).
5. Pass a criminal history check. We will screen out applicants with drug-related activities, physically violent crimes, and/or other criminal acts which may endanger others.

### INSTRUCTIONS FOR APPLICATION

We must have a copy of the following documents to start the application process:

1. Social Security Cards
2. CDIB Cards if applicable
3. Picture ID
4. Birth Certificates
5. Notice/Authorization And Release For Criminal Background Investigation

### **SUBSIDY ASSISTANCE**

***Due to the monthly dwelling cost of \$3720.00 set at this time, some Comanche tribal applicants may require subsidy assistance. Before requesting subsidy assistance, the tribal applicant must exhaust all other payment options.***

### **APPLICANT'S RESPONSIBILITY**

***All applications must be completed within one month of receipt. All incomplete applications will cause applicants to start the process over again. Applicants with a hardship can request an extension. After completion of your application, you will be notified as to whether your application has been approved or denied.***

***I understand the above requirements and responsibilities and I am submitting an application:***

Applicant's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Power of Attorney's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Application**

Full Name \_\_\_\_\_ Maiden Name if Applicable \_\_\_\_\_

Aliases/Prior Names: \_\_\_\_\_

(Includes all names by which an applicant is currently known or has been identified as)

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Message # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Tribal Role # \_\_\_\_\_

Current Residence: Own \_\_\_\_\_ Renting \_\_\_\_\_ Buying \_\_\_\_\_ Other \_\_\_\_\_

Current Address \_\_\_\_\_

Street City State Zip

**Family Composition:** list all current household members other than the applicant

Household Member	Tribal Affiliation	CDIB #	Relationship to Applicant	Gender	Date of Birth

Have you ever been evicted? \_\_\_\_\_ If Yes When? \_\_\_\_\_ From Where? \_\_\_\_\_

Have you ever been involved in any litigation? \_\_\_\_\_ If yes, describe \_\_\_\_\_

Describe any rental agreement you have abandoned \_\_\_\_\_

Have you ever been convicted of a crime or entered into a pre-trial intervention agreement for purposes of adjudication withheld? \_\_\_\_\_ If yes, describe \_\_\_\_\_

**APPLICANT'S STATEMENT OF RIGHTS AND RESPONSIBILITIES:**

*I hereby authorize the Edith Kassanavoid Gordon Assisted Living Center to make any necessary investigation as to my financial situation and other conditions relating to my possible eligibility. I understand that giving the Edith Kassanavoid Gordon Assisted Living Center false or misleading information can be grounds for termination of my Resident Service Contract agreement. I understand that I have the right to a fair hearing of any action taken by the Edith Kassanavoid Gordon Assisted Living Center, which I consider improper, and also, any unreasonable delay in decision. Request for a fair hearing may be made in person or handwritten to the Edith Kassanavoid Gordon Assisted Living Center office.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Power of Attorney's/Legal Guardian's Signature

\_\_\_\_\_  
Date

**Emergency Contact Information:**

Power of Attorney's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Message # \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Message # \_\_\_\_\_

Other contact \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Message # \_\_\_\_\_

## NOTICE/AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION

Name of Application: \_\_\_\_\_

I, the undersigned individual, do hereby authorize the Edith Kassanavoid Gordon Assisted Living Center, to procure a criminal background report on me for the purpose of initial applicant eligibility screening. This authorization and release form is valid during the application process, and if accepted into the Assisted Living program, for the entire duration of stay in a Edith Kassanavoid Gordon Facility.

This above-mentioned report will be disclosed only to Edith Kassanavoid Gordon Assisted Living Center staff who has a job related need for the information and who is an authorized officer, employee, or representative of the recipient.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Edith Kassanavoid Gordon Assisted Living Center including, but not limited to any and all courts and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the Edith Kassanavoid Gordon Assisted Living Center and all persons, National Crime Information Center, police departments, and other law enforcement agencies, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a criminal background report hereby authorized.

Further, I certify that the information contained on this Notice/Authorization/Release form is true and correct and that my application will be terminated based on any false, omitted or fraudulent information.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Power of Attorney's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Full Name: \_\_\_\_\_ Suffix: JR \_\_\_ SR \_\_\_ III \_\_\_  
[Do Not Abbreviate]      First      Middle      Last

Other Names Used: \_\_\_\_\_  
(alias, maiden, or nicknames)

Current Address: \_\_\_\_\_  
Street or P. O. Box      City      State      Zip Code      County      Date Lived

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_      Full Name on SSN: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_ / \_\_\_ / \_\_\_      Gender: Female \_\_\_ Male \_\_\_

### TO BE COMPLETED BY Edith Kassanavoid Gordon Assisted Living Center STAFF ONLY

This criminal background report will be kept in the applicant's file and be under the custody and control of the Edith Kassanavoid Gordon Assisted Living Center's lead official and/or the designee for such records.

Date Report Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Report Determination: Denied / Approved