Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check http://www.housingworks.net/ to see what is open

You must answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ _____ _____ -

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy)*_____

How many people will be living in the unit? _____ people. What **unit size** are you seeking?_____BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? $_____ (do NOT write *an hourly, weekly, or monthly amount!)*

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

Group Adult Foster Care Program

Information Required For Application for SSIG Benefits

Date: 01/25/2007 Name: _____

Date of Birth: Are you an U.S. Citizen: Yes: ____ No: ____

Social Security #: Mass Health/Medicaid #:

Income Information (Monthly):

Gross Social Security Income: $

Gross Pension Income & Name of Pension: $ Name:

Other Monthly Income: $ Source:

Total Gross Monthly Income: $ **$0**

Bank Account Information (Current):

Date	Bank	Type of Account	Account #	Amount
01/25/2007				
01/25/2007				

Life Insurance:

Name of Company: _____ Face Value: $_____

Cash Value: $_____ Any Interest or Dividends Paid: $_____Per Year

Stocks/Bonds:

_____

Other Assets (Explain):

_____

_____

Do you own a car? Yes: _____ No: _____ Value: $_____

Do you have a burial trust? Yes: _____ No: _____ Irrevocable? Yes: _____ No: _____

Amount: $_____ Any cash-in value?: _____

Medicare: Yes: _____ No: _____

Other Health Insurance Yes: _____ No: _____ What Type?: _____

or Marriage(s): Yes: _____ No: _____

Spouse's Name(s): _____ DOB: _____ Date of Marriage: _____

How Many Years Married?_____ Spouse Social Security #_____

Divorced?: _____ Separated?: _____ (List other marriages on back of this page)

Previous Living Arrangement: Nursing Home: _____ Own Home: _____

Living with Family: _____ Other, and describe: _____

Do you own your own home? Yes: _____ No: _____

_____ _____

Signature of Resident Date

_____ _____

Signature of Responsible Person Date

SSIG CHECKLIST ATTACHED

3/01

SSIG CHECK LIST

Back Up Documentation Needed:

_____ Copy of Social Security award letter (current this year

_____Pension documentation (listing gross pension amount)

_____Copy of Mass. Health/Medicaid card(if applicable

_____Stock, Bond, Etc. documentation

_____Copy of Burial Trust documentation (Irrevocable if over-asset)

_____Copy of life insurance policy(s) stating amount of benefit and cash value (if any)

_____Bank statements current dated for 1st. day of month of move in month

_____In some cases a copy of birth certificate or citizenship card may be necessary

Reminder to Resident

Copies of all Social Security correspondence indicating changes in benefits or any information regarding all income changes must be given to Emmanuel House Residence (Accounting Department). Also, as soon as you receive your Medicaid # and card, we will need a copy for our files.

Emmanuel House Residence
Accounting Department
Attn: Jane Kelly
25 East Nilsson Street
Brockton, MA 02301

EMMANUEL HOUSE RESIDENCE

GROUP ADULT FOSTER CARE (GAFC) PROGRAM
A MEDICAID FUNDED PROGRAM FOR THE FRAIL ELDER

The Social Security Administration offers a monetary supplement to frail elders living in an Assisted Living community. This supplement is titled "SSIG". The SSIG supplement will vary depending on the social security benefit and/or pension of the individual.

FINANCIAL GUIDELINES:

Client must be eligible for community Medicaid, i.e. total assets not to exceed $2,000.00 and as of January 2002, monthly income not to exceed $1,019.00. Income eligibility for a couple is $1,518.00 total income per month. Total assets not to exceed $3,000.00. All other requirements remain the same as for an individual.

Individual potential clients whose assets exceed $2,000.00, but whose income and other eligibility requirements are met, may spend down their assets at Emmanuel House. The Social Security Administration and Emmanuel House will then assist the individual in filling out an application for SSIG benefits.

In both cases above, SSIG benefits can only be applied for once the individual is residing at Emmanuel House. There is a one-month gap in the receipt of benefits, and residents are responsible for payment during that gap. The individual resident would be responsible for no more than $1,019.00 (pro rated). Adjustments can be made on an individual basis.

CLINICAL REQUIREMENTS/GAFC Program is a medical model:
Client must be in need of assistance with at least one activity of daily living (ADL); dressing/undressing, bathing, incontinence care, etc. The client must need this assistance at least once daily, and must be compliant with care. Medication monitoring and assistance with meals are not an eligibility factor.

A RN and Social Worker screen potential clients. A physician's clearance is obtained from the primary care doctor, and the client must have a current physical on file not more than three months from the date of the application. The team gathers as much information as possible to make an informed decision.

A RN and Social Worker follow GAFC clients on a routine schedule for case management. GAFC is a shared living concept. Residents share a spacious two-bedroom apartment.

Daily Services:
Daily services include 3 home cooked meals in the dining room, weekly bed/bath linen service, weekly housekeeping.

Housing History, Page 1

Note: **you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns**: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE **DATES YOU LIVED THERE:**

Name on the lease _____ _____to:_____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE **DATES YOU LIVED THERE:**

Name on the lease _____ _____to_____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT **DATES YOU LIVED THERE:**

Name on the lease _____ _____to_____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT **DATES YOU LIVED THERE:**

Name on the lease ______________________________ ______________to_____________

Address you lived at: ____
Street and Apt# City State Zip

Landlord's Name and Address ____

Landlord Tel: ____________________

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT **DATES YOU LIVED THERE:**

Name on the lease ______________________________ ______________to_____________

Address you lived at: ____
Street and Apt# City State Zip

Landlord's Name and Address ____

Landlord Tel: ____________________

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT **DATES YOU LIVED THERE:**

Name on the lease ______________________________ ______________to_____________

Address you lived at: ____
Street and Apt# City State Zip

Landlord's Name and Address ____

Landlord Tel: ____________________

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT **DATES YOU LIVED THERE:**

Name on the lease ______________________________ ______________to______________

Address you lived at: ____
Street and Apt# City State Zip

Landlord's Name and Address ____

Landlord Tel: ____________________

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT **DATES YOU LIVED THERE:**

Name on the lease ______________________________ ______________to______________

Address you lived at: ____
Street and Apt# City State Zip

Landlord's Name and Address ____

Landlord Tel: ____________________

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT **DATES YOU LIVED THERE:**

Name on the lease ______________________________ ______________to______________

Address you lived at: ____
Street and Apt# City State Zip

Landlord's Name and Address ____

Landlord Tel: ____________________

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A