



The Bradley House

A Residential Care Facility

Board of Directors Dear Friend,

Corky Elwell Thank you for inquiring about residency at The Bradley House. We are a State of
Vice Chair Vermont licensed Level III Residential Care Home. Our residents are independent,

Jerry Goldberg but may require some assistance with activities of daily living. Our primary goal
is to provide a safe and comfortable living environment for our residents. We

Ross Kinney respect and appreciate the uniqueness of each individual living at The Bradley

Lucia Osiecki House.

Brandie Starr All of our rooms are single occupancy and either have a private or shared bathroom.
Secretary There is a Registered Nurse on staff who is available to provide nursing overview

Ted Vogt and guidance. We can also assist with the management of medications. Our
residents are vital members of the Brattleboro Community and we offer a variety

Margaret Winn of activities for the residents utilizing many local community volunteers and
Treasurer organizations. We are located within walking distance of the downtown Brattleboro

Eddie Yates area, a feature unique to Bradley House.

Chair Enclosed is a pamphlet and application forms. The pamphlet will provide an

Senior Staff overview of the many advantages of our home and the services we have to offer
you! The application is composed of two parts: one filled out by the applicant or

Heather Corey their designee and a second filled out by the applicant's physician.
Senior LNA

Tim Cavanaugh If you have any questions, please contact me! We look forward to serving you.
Activities Director

Lisa Holabird
RN, Resident Care Administrator

Sincerely,

Cindy Jerome
Executive Director

Ed Kowalski
Maintenance Director

Dana Macaluso
Executive Assistant

Cindy Jerome
Executive Director

65 Harris Avenue
Brattleboro, VT 05301
T 802.254.5524
F 802.254.1135
bh@thebradleyhousevt.com
thebradleyhousevt.com



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APPLICATION FOR RESIDENCY

Full Name: _____ DOB: _____

Address: _____

Telephone Numbers: _____ Email address: _____

Marital Status: _____ Insurance: Medicare A _____ B _____ Number _____

Do you have private long-term care insurance? Yes ___ No ___ Are you on Medicaid? Yes ___ No ___

Physician _____ Phone _____

Name of local contact person: _____

Address: _____ Email: _____

Phone (Home) _____ (Cell) _____ (Work) _____

If someone other than you handles your finances or serves as your responsible party, please list the person's name and relationship to you: _____

FINANCIAL DATA

The following information will be held in strict confidence.

MONTHLY INCOME:

Social Security \$ _____ Interest Income \$ _____

Pension \$ _____ Other \$ _____

Do you have **Choices for Care**? If you do, what is your Policy Number? _____

ASSETS:

Checking Accounts and Money Market Accounts (Total) \$ _____ Balance

Savings Accounts (Total) \$ _____ Real Estate \$ _____

CDs and Investments (Total) \$ _____ Other Assets \$ _____

By signing this form, I assert that, to the best of my knowledge, this report is accurate. I also give permission to The Bradley House to gather further medical information from my health care providers.

Signed _____ Date: _____

(Applicant or applicant's legal representative)



The Bradley House
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Board of Directors Dear Physician:

Corky Elwell
Vice Chair

Your patient has applied for admission to The Bradley House (formerly Hilltop House).

Jerry Goldberg

Attached is a confidential pre-admission medical information form. It will help us

Ross Kinney

determine whether we are the appropriate level of care for the applicant and prepare to

Lucia Osiecki

care for them well.

Brandie Starr
Secretary

The Bradley House is licensed by the state of Vermont as a Level III Residential Care Facility. We provide room, board, some assistance with personal care, general

Ted Vogt

supervision, an activities program, nursing overview and medication management.

Margaret Winn
Treasurer

Please return this form using the enclosed self-addressed envelope. It would help us

Edie Yates
Chair

serve your patient sooner if you could also fax it to us at 802-254-1135. We appreciate your immediate attention.

Senior Staff

Thank you for your assistance. Should you have any further questions about The Bradley

Heather Corey
Senior LNA

House, please call us at 802-254-5524.

Tim Cavanaugh
Activities Director

Cindy Jerome
Executive Director

Sincerely,

Lisa Holabird
RN, Resident Care Administrator

Ed Kowalski
Maintenance Director

Cindy Jerome
Executive Director

Dana Macaluso
Executive Assistant

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MEDICAL FORM

Name _____ DOB _____

Diagnoses _____

Current Treatments _____

Allergies _____

Please attach a list of current medications and their dosage, with accompanying medical diagnoses as required by state regulations

Chronic Conditions (check all that apply)

- | | | |
|-------------------------|----------------------------|--------------------------|
| Heart Disease _____ | Bronchitis _____ | Arthritis _____ |
| Angina _____ | Tuberculosis _____ | Cancer _____ |
| CHF _____ | Diabetes _____ | Seizure Disorder _____ |
| Hyper/Hypotension _____ | Thyroid Disease _____ | GERD _____ |
| Stroke _____ | Kidney Disease _____ | Alcohol/Drug Abuse _____ |
| COPD _____ | UTI _____ | Mental Illness _____ |
| Asthma _____ | Macular Degeneration _____ | Depression _____ |
| | Glaucoma _____ | |

Disabilities and Impairments (check all that apply)

Speech _____ Sight _____ Hearing _____ Cognition _____
Paralysis _____ Incontinence _____ Contracture _____

Physical Exam: P _____ BP _____ R _____ Weight _____

General Impressions _____

Skin _____ Head/Neck _____

Respiratory _____ Cardio-Vascular _____

Abdominal _____ Genito-Urinary _____

Skeletal-Joints _____ Glandular _____

Neuromuscular _____ PPD results _____ Date given _____

Date of last tetanus shot _____

Date of Pneumonia vaccine _____ Date of Shingles vaccine _____

Has applicant suffered any serious illness or been hospitalized in the past 5 years? _____

MD Signature _____ Date _____

Phone _____ Fax _____