SHORT TERM RESIDENTIAL SERVICES
APPLICATION

HOSPICE *of* HUNTINGTON, INC.

Date: _____/_____/_____

Applicant Information

_____ _____/_____/_____
Applicant's Name Date of Birth

Contact Person Information

_____
Contact Person's Name

_____ _____ _____ _____
Address City State Zip

(_____) _____ – _____ (_____) _____ – _____ (_____) _____ – _____
Home Phone Work Phone Mobile Phone

The following criteria must be met before a patient can be admitted to the Hospice of Huntington Residential Service:

1. The applicant must be certified as eligible for hospice by their attending physician and a Hospice of Huntington physician.

2. The applicant must be clinically approved by the Emogene Dolin Jones Hospice House Director.

3. There must be a bed available. If one isn't available, the applicant must be put onto a waiting list.

4. The daily rate is **$300.00 per day.**

5. For anticipated length of stay 2 weeks or less, a two week advanced deposit of $3,150 is due on transfer to EDJHH. If the anticipated length of stay is longer than 2 weeks, the arrangements for short term residential will apply.

6. For anticipated lengths of stay greater than 2 weeks, the short term residential rates are as follows:
   - A deposit payment of the daily rate multiplied by the number of days remaining in the month (beginning at the date of the application and including the last day of the month) is due at the time of application.
   - Subsequent monthly payments are due, in advance, on the 20th day of each month.

7. Check or Money Order payments may be mailed to:

   Hospice of Huntington
   PO Box 464
   Huntington, WV 25709

8. Unless other arrangements have been made, patients who fail to pay must leave the residence.

9. The applicant may stay in residential services for up to 30 days per episode provided the above conditions are met. Additional days can be provided as long as the clinical and financial criteria continue to be met.

SHORT TERM RESIDENTIAL SERVICES
AGREEMENT

HOSPICE *of* HUNTINGTON, INC.

This **AGREEMENT**, dated _____/_____/_____ by and between Hospice of Huntington, Inc., *(hereinafter known as HOH)* and the patient/resident _____ jointly and independently with _____, being guarantor to the agreement *(hereinafter known as "Resident and Guarantor")* for terms Short Term Residential Services provided by HOH in the Emogene Dolin Jones Hospice House *(hereinafter known as "EDJHH").*

⇨ **For purposes of this agreement, the following person is to be recognized as the Guarantor of the obligations of the resident named in this agreement:**

_____
Guarantor Name

_____ _____ _____ _____
Address City State Zip

(_____) _____ – _____ (_____) _____ – _____ (_____) _____ – _____
Home Phone Work Phone Mobile Phone

⇨ **For purposes of this agreement, the following person is to be recognized as the Designated Agent of the Resident to be notified in case of any emergency:**

_____ _____
Designated Agent of the Resident Name Relationship to Resident

_____ _____ _____ _____
Address City State Zip

(_____) _____ – _____ (_____) _____ – _____ (_____) _____ – _____
Home Phone Work Phone Mobile Phone

My signature below confirms that I have read and AGREE to the Hospice of Huntington Short Term Residential Services policies and the financial obligation described above.

_____ _____/_____/_____
Signature of Resident/MPOA/HCS Date

_____ _____/_____/_____
Printed Name of Resident/MPOA/HCS Date

_____ _____/_____/_____
Signature of Guarantor Date

_____ _____/_____/_____
Printed Name of Guarantor Date

_____ _____/_____/_____
Signature of HOH Representative Date

_____ _____/_____/_____
Printed Name of HOH Representative Date

This application may be faxed to Hospice of Huntington, Inc. at (304) 523-6051. Thank you.