



Kingsway Home Care Service Rates

Companion	\$ 35 per hour (weekends \$37/hr, holidays \$60/hr)
Home Health Aide/ Personal Care Aide	\$ 38 per hour (weekends \$40/hr, holidays \$70/hr)
Weekly Nursing Visit to Pre-pour Medications	\$150 per week
Nursing Visit (Weekdays)	\$150 per visit (holiday/weekends \$50 additional)
PRI Assessment for Nursing Home Placement	\$300 (out-of-state \$25 additional)
Nursing Assessment to Open Cases	\$185 per assessment
Renewal Assessment (Every 6 Months)	\$185 per renewal assessment
Mileage	\$.85 per mile

Call or email for an appointment today: 518-382-8187 or
homecare@kingswaycommunity.com

KWHC Effective January 2024. Rates are subject to change.

Application for Home Care Services



Thank you for your interest in Kingsway Home Care Services. In order to properly process an individual's application, we must have the following information. Please answer all questions carefully. The information herein is confidential and constitutes the basis for client acceptance.

Today's Date _____

Date Received _____

Name of Client _____
Last First Middle

Address _____
Street City State/Zip

Email _____

Social Security Number _____ Phone _____

Date of Birth _____ Male Female Marital Status _____

U.S. Citizen? Yes No If not citizen of U.S. or dual citizen, what country? _____

Name of Attending Physician _____

Physician's Phone _____ Fax _____

Individuals to be contacted for future correspondence (list additional contacts on separate sheet if needed)

1. Name _____

Relationship _____

Address _____

Home # _____ Work # _____ Cell# _____

Email _____

POA Guardian Health Care Proxy Authorized to assist with finances? Yes No

2. Name _____

Relationship _____

Address _____

Home # _____ Work # _____ Cell# _____

Email _____

POA Guardian Health Care Proxy Authorized to assist with finances? Yes No

(over)

Confidential Financial Statement

Earned Income (monthly) \$ _____
Social Security Benefits \$ _____
Veteran's Benefits \$ _____
Pension (specify) \$ _____
IRA Income \$ _____
Annuity \$ _____
Other (specify) \$ _____
Net Monthly Income \$ _____

List all assets you intend to use to pay for your care, i.e. bank/investment accounts:

<u>Institution</u>	<u>Address</u>	<u>Account Number</u>	<u>Balance</u> ✕

- 1. Do you have any CDs? No Yes If yes, what is the value? _____ ✕
- 2. Do you have any IRAs? No Yes If yes, what is the value? _____ ✕
- 3. Do you own stocks or bonds? No Yes If yes, what is the value? _____ ✕
- 4. Do you own real estate? No Yes If yes, what is the value? _____
- 5. List any other assets (attach page if needed) _____ ✕
- 6. Do you have LTC insurance? No Yes If yes, with what company? _____ ✕
- 7. List total assets available to pay for your care \$ _____

Where ✕ indicated please provide copies of most recent official bank or account statements to verify balances.

Have you created a Trust or have any of your assets been transferred, including gifts to family members or others, within the last 5 years? No Yes If yes, please provide information/copies:

I understand that Kingsway Home Care relies upon the accuracy of the above information for the purpose of determining whether there will be a source of payment and to determine when the client may need financial assistance. I hereby give Kingsway Home Care Service permission to verify medical and financial information supplied on this application and further agree that the funds will be available for the care of the applicant during his/her services with Kingsway Home Care Service.

Signature of Prospective Client

Signature of Financially Responsible Party (if other than client)

Address

Date

Phone

Relation to Applicant