

Admission Information and Application

Highland House – Watertown

Highland House – Watertown is a class C Community Based Residential Facility licensed by the Wisconsin Department of Health Services to serve residents with advanced age, dementia, and terminal illness. The staff at Highland House are committed to providing the highest level of quality care, while encouraging independence and fostering the comforts of home.

Admissions Process:

1. Return of application including financial assessment – possible waitlist upon completion of financial assessment
2. In person assessment to determine if Highland House is the right location to fit you or your loved one's needs, and what level of care will be best suited
3. History and Physical with TB test submitted at least 48 hours prior to admission – information may be from anytime within the last 90 days, as well as a \$250 admission fee

Rates of Care:

Based on an assessment prior to admission, residents of Highland House are assigned to one of three levels of care. These levels can be progressive and are based on the acuity of the care required for the best quality of life. Changes to rates and level of care will be expressed in writing at least 30 days prior to the change's start date.

Basic Level: 24 hour staff support by two resident assistants (RAs) as well as a manager or Charge RA on site or on call at all times. Hourly bed checks, limited assistance with dressing, grooming, and bathing, medication administration and monitoring, weekly RN rounding, laundry services, housekeeping, three meals daily, snacks, activities, and assistance arranging services as transportation and therapy.

\$4123.00 per month

Enhanced Level: Includes basic level services with additional incontinence support and/or toileting, further assistance with grooming and dressing, and limited cueing and redirection for memory loss or cognitive impairment

\$4807.00 per month

Advanced Level: Include basic and enhanced services in addition to full incontinence support, diabetic supervision, specialty diets, additional help with cueing and redirection for memory loss or cognitive impairment.

\$5512.00 per month

Large corner rooms are an additional \$50.00 per month.

The monthly fee for room and board includes the following services:

- Private, fully furnished room
- 24 hour staff, 7 days per week
- 24 hour security, including door alarms
- Three meals daily as well as snacks, made onsite
- Laundry, housekeeping, and linen services
- Supportive services including:
 - Referrals and information about transitional services, counseling services, hospice, outpatient therapies and rehabilitation, and other services
 - Planned activities and leisure time services
 - Personal care assistance
 - Health monitoring under the direction of a registered nurse
- Maintenance services
- Cable television

How to apply:

Applicants who wish to be considered for admission to Highland House may do so by submitting an application, including financial disclosure, to management. There is no application fee or deposit due at the time of the application. Due to waiting list and census restraints, we encourage anyone who is interested to submit an application and secure a spot on the waiting list. A \$250.00 non-refundable admission fee is due at the time of move in, as well as the monthly charge prorated based on date of admission.

Wait list:

Applicants may choose two options at time of application:

1. Active: Seeking immediate placement. Individuals seeking immediate placement will be admitted based on availability. If there is no room available, the applicant will be put on a wait list. When a room becomes available, management will contact applicants on the wait list in order of application submission date.
2. Inactive: Interested in future placement. Applicants who are not yet ready to move to assisted living, but would like their information on file, should apply as inactive. The applicant or their designated representative is to notify management if they would like to change to active placement.

Assessment:

An in-person assessment is performed by a manager and a registered nurse. The purpose of this assessment is to screen for appropriate placement at Highland House, and to determine a level of care. The RN and manager will assess the residents care needs, mobility, cognitive status, and other parameters to ensure Highland House can provide quality care. Highland House may also request medication lists, history and physical documentation, and other medical records.

If you are in need of further assistance, feel free to call us at 920-262-4823. We look forward to serving your needs.

Admission Application – Highland House Watertown

Date of application: _____

Please select one:

_____ Actively seeking placement

_____ Interested in future placement

Full Name: _____

Present address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

DOB: _____ Age: _____ Sex: _____

Permanent address: _____

City: _____ State: _____ Zip: _____

Form completed by: _____

Address (if different than applicant): _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email: _____

Relationship to applicant: _____

Primary Physician: _____

Clinic: _____

Phone number: _____

Other Physician: _____

Clinic: _____

Phone number: _____

Other Physician: _____

Clinic: _____

Phone number: _____

Optometrist: _____

Clinic: _____

Phone number: _____

Dentist: _____

Clinic: _____

Phone number: _____

Religious Preference: _____

Church: _____

Phone Number: _____

Clergy Name: _____

Funeral Home Preference: _____

City: _____ State: _____ Zip: _____

Burial trust established? Yes _____ No _____

What is the disposition of the applicant towards placement at Highland House?

Please describe the applicant's current living situation.

If the applicant improves significantly, are there plans for relocating away from Highland House? If so, please explain.

Notify the following in case of emergency, illness, or injury:

1. Name _____ Relationship _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Email: _____
2. Name _____ Relationship _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Email: _____
3. Name _____ Relationship _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Email: _____
4. Name _____ Relationship _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Phone: _____
Email: _____

Financial Disclosure – Confidential

Medicare Numbers (please specify parts A, B, C, and D):

Other Insurance: _____

Subscriber number: _____ Group number: _____

Will the applicant be able to pay the full cost of care at Highland House? If not, how will residency be funded?

Please list all sources of month income:

Social Security: \$ _____

Veterans Pension: \$ _____

Other Pension: \$ _____

Retirement: \$ _____

Other: \$ _____

Other: \$ _____

Total current monthly income: \$ _____

Additional Assets

Savings accounts: \$_____

Checking accounts: \$_____

Savings bonds: \$_____

Cash on Hand: \$_____

Home: \$_____

Vehicle: \$_____

Life Insurance: \$_____

Invests: \$_____

Other: \$_____

Total available assets: \$_____