



# TOLSTOY FOUNDATION REHABILITATION AND NURSING CENTER

ALEXANDRA TOLSTOY - *Founder and Chairman*  
1970 - 1979

TATIANA SCHAUFUSS - *Founder and President*  
1970-1986

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**Skilled Nursing Home care has been or will be provided to my**

\_\_\_\_\_, I \_\_\_\_\_,  
Relationship Name of Resident

represent that all known assets belonging to said Resident being admitted to Tolstoy Foundation Rehabilitation & Nursing Center shall be used solely for the benefit of said Resident. I further do not represent that to my knowledge there has not been, nor will there be, any transfers of said Resident's funds that might be considered inappropriate by Medicaid, if a Medicaid application becomes necessary. However, nothing herein shall prevent a transfer of the Resident's funds in a manner consistent with Medicaid law and regulations provided such transfer(s) do not result in a period of non-payment for nursing home services either privately or by Medicaid.

I guarantee that in the event Medicare, Medicaid or other private insurance is not obtained for payment of nursing home charged by Tolstoy Foundation Rehabilitation & Nursing Center, Co., Inc., (which I agree are fair and reasonable,) I will be fully responsible for the unpaid balance, out of the Residents Funds, including any transfer(s) inconsistent with Medicaid law and regulations, to the "spend down" amount allowed by Medicaid.

\_\_\_\_\_  
Signature Date Admission Date

\_\_\_\_\_  
Witness

A person requesting Medicaid Assistance for payment of nursing home charges may retain an account not to exceed \$15,750 for their personal use. In addition to this amount, a separate Burial Fund, so stated for that purpose only, may be held in a separate account in the amount of \$1500.00.

Submit: