



Daniel P. McCoy
County Executive
Mark S. Olsen
Executive Director

Resident Mail

Resident Name: _____ Medical Record #: _____

As stated in the Resident Bill of Rights, Residents of the Shaker Place Rehabilitation and Nursing Center (Shaker Place) have the right to receive all incoming mail unopened, unless the Resident delegates this responsibility to the facility in writing.

I, _____ wish to receive all mail unopened.
Resident

We offer the following alternative for handling mail:

Shaker Place has permission to handle incoming mail for the above-named Resident in the manner outlined below:

Personal Mail, including letters, cards, newspapers, magazines and other third-class mail will be delivered to the Resident.

Social Security checks, pension checks, Medicare or private insurance reimbursement checks will be opened and applied to the Resident’s account.

Medicare “Explanation of Benefit” forms will be opened and filed, available for review by the Resident or designated representative.

The Business office may pay telephone, cable and newspaper bills for Medicaid Residents from the Resident’s spending fund account upon request.

All other business mail will be forwarded to the person indicated below:

I wish to designate the following person to receive forwarded mail:

Name: _____

Address: _____

Resident: _____ Date: ___/___/___

Designated Representative: _____ Date: ___/___/___

Shaker Place Representative: _____ Date: ___/___/___

Form Date: 08/2015, Reviewed: 12/2017

