



Vassar-Warner Home
APPLICATION FOR ADMISSION

APPLICANT'S NAME: _____ DATE OF APPLICATION: ____/____/____

HOME STREET ADDRESS: _____ APT. # (if any): _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (____)____-____ BIRTHDATE: ____/____/____ AGE: _____

SEX: MALE FEMALE MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

SOCIAL SECURITY #: _____ ARE YOU A CITIZEN OF THE U.S.?: YES NO

| HEALTH INSURANCE INFORMATION: (Please provide copies of all Health Insurance Cards) | | |
|--|------------------------|----------------------------|
| <u>MEDICARE NUMBER</u> | <u>MEDICAID NUMBER</u> | <u>COUNTY OF RESIDENCE</u> |
| <u>OTHER HEALTH INSURANCE: (List Company name and Address)</u> | | <u>POLICY NUMBER</u> |
| <u>OTHER HEALTH INSURANCE: (List Company name and Address)</u> | | <u>POLICY NUMBER</u> |
| MEDICAID APPLICATION PENDING?: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE SUBMITTED: ____/____/____ | | |

PRIMARY PHYSICIAN: _____ PHONE: (____)____-____

HAVE PREPAID FUNERAL ARRANGEMENTS BEEN MADE?: YES NO

IF YES, NAME AND ADDRESS OF FUNERAL HOME: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S REPRESENTATIVE

NAME: _____ RELATIONSHIP: _____

HOME STREET ADDRESS: _____ APT. # (if any): _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (____)____-____ WORK PHONE NUMBER: (____)____-____

CELL PHONE NUMBER: (____)____-____ EMAIL: _____

STATUS: (Check all that apply) Power of Attorney Conservator/Guardian
 Health Care Proxy Person responsible for handling financial transactions

FINANCIAL DISCLOSURE

MONTHLY INCOME

SOCIAL SECURITY \$ _____
RETIREMENT PENSION \$ _____
VETERAN'S PENSION \$ _____
RAILROAD PENSION \$ _____
SUPPLEMENTARY SECURITY INCOME (SSI) \$ _____
ANNUITIES \$ _____
OTHER INCOME \$ _____

TOTAL MONTHLY INCOME: \$ _____

ASSETS

CHECKING ACCOUNT: BANK: _____ LOCATION: _____

BALANCE: _____ JOINT ACCOUNT?: YES NO

SAVINGS ACCOUNT(S): (1) BANK: _____ LOCATION: _____

BALANCE: _____ JOINT ACCOUNT?: YES NO

(2) BANK: _____ LOCATION: _____

BALANCE: _____ JOINT ACCOUNT?: YES NO

CERTIFICATES OF DEPOSIT: BANK/FINANCIAL INSTITUTION: _____

LOCATION: _____ AMOUNT: _____

DOES APPLICANT OWN A HOME OR ANY OTHER PROPERTY? YES NO

IF YES, EXPLAIN TYPE _____ ESTIMATED VALUE \$ _____

IF NO, DID APPLICANT EVER OWN A HOME OR ANY OTHER PROPERTY? YES NO

IF YES, EXPLAIN DISPOSITION OF HOME OR OTHER PROPERTY AND DATE(S): _____

LONG TERM CARE INS.: COMPANY: _____ VALUE \$ _____

LIFE INSURANCE POLICIES: COMPANY: _____ VALUE \$ _____

COMPANY: _____ VALUE \$ _____

OTHER ASSETS: (Please list all Trust Accounts, Brokerage Accounts, Accounts held in Joint Tenants, etc.)

(1) _____ \$ _____

(2) _____ \$ _____

HAVE ANY ASSETS BEEN TRANSFERRED IN THE LAST 60 MONTHS? YES NO

If any assets have been transferred in the last 60 months, or if the applicant's income and assets are less than the current room and board rate, Vassar-Warner Home requires bank and other financial statements/documentation for the past 60 months as part of the application process. We reserve the right to ask for other information as needed to make a decision regarding admission to Vassar-Warner Home.

ACKNOWLEDGEMENT

To the best of my knowledge, all the information provided on this application is correct and valid.

X _____ /_____/_____
SIGNATURE OF APPLICANT OR RESPONSIBLE PARTY DATE

X _____ /_____/_____
WITNESS DATE

THE INFORMATION PROVIDED SHALL REMAIN CONFIDENTIAL AND SHALL BE MADE AVAILABLE ONLY TO THE APPROPRIATE VASSAR-WARNER HOME PERSONNEL AND TO ANY GOVERNMENTAL OFFICIALS AUTHORIZED ACCESS TO SUCH RECORDS.

VASSAR-WARNER HOME DOES NOT DISCRIMINATE DURING ADMISSION, RETENTION AND CARE IN ANY FORM, ON THE BASIS OF AGE, COLOR, CREED, DISABILITY, MARITAL STATUS, NATIONAL ORIGIN, RACE, RELIGION, SEX, SEXUAL PREFERENCE, SOURCE(S) OF PAYMENT AND/OR SPONSOR.

RECORDS RELEASE

This records release serves as my permission to any and all financial institutions, insurance companies, banks and/or brokers to release information regarding my financial resources, income and investments as needed for the purpose of filing an application for admission to Vassar-Warner Home, an adult care and assisted living facility.

X _____ /_____/_____
SIGNATURE OF APPLICANT OR RESPONSIBLE PARTY DATE

X _____ /_____/_____
WITNESS DATE