

Name : _____

Generic Application for Admission

Identifying Information

Name _____ Date Of Birth _____ Male _____ Female _____

Address _____ City, State, Zip Code _____

Marital Status _____ Telephone _____ Social Security # _____

Name of prior nursing home/rehab facility _____ Dates _____

Veteran Yes _____ No _____ Spouse veteran Yes _____ No _____

Persons Assisting Applicant

Contact person name and phone number _____

Cell number _____ Address _____

Relationship to applicant _____ email _____

Bank power of attorney Yes _____ No _____ Durable Power of Attorney Yes _____ No _____ Guardianship Y _____ N _____

Health care proxy Name _____ Phone _____

Health Information

Primary Physician _____ Telephone # _____

Roswell Physician _____ Telephone 716-845-2300

Do you smoke? Y/N Have you ever been treated for mental illness? Y/N Alcoholism? Y/N Drug Addiction? Y/N

Insurance Information

Insurance Company _____ Policy # _____

Medicare Yes _____ No _____ Long Term Care Policy Yes _____ No _____ if yes, what company? _____

Medicaid Yes _____ No _____ Pending _____ date applied _____ who applied? _____

COPIES OF ALL INSURANCE CARDS WILL BE NEEDED AT THE TIME OF ADMISSION

Do you own a residence Yes _____ No _____ If Yes Value _____ - Is Ownership Sole _____ Joint _____ Other _____

Joint Owner Name and Relationship _____

Liabilities against property: Mortgage: \$ _____ Reverse Mortgage: \$ _____

Roswell Park Cancer Institute

Name : _____

Home Equity Loan: \$ _____ Home Equity Line of Credit: \$ _____

Other: _____ Other: _____

Do you own: Vacation home? _____ Rental Property? _____

Commercial Property? _____ Vacant Land? _____ Other? _____

RESOURCES

Applicant

Spouse

Social Security	\$	
Retirement Pension	\$	
Veteran's Pension	\$	
Rental Income	\$	
Other (Specify)	\$	
Total Monthly Income	\$	

Comments:

ASSETS

	Value	Joint?		Value	Joint?
Life Insurance Cash Value	\$	Y/N	401K/403b	\$	Y/N
Checking/Savings/CDs	\$		Stocks	\$	Y/N
IRA #1	\$		Bonds	\$	Y/N
IRA #2	\$		Mutual Funds	\$	Y/N
IRA #3	\$		Other:	\$	Y/N

LIABILITIES

Personal Loans	\$	Y/N	Other (specify)		
Credit Cards	\$	Y/N		\$	Y/N
Other loans	\$	Y/N		\$	Y/N

Transfers of money, property, or other Assets

Has the applicant transferred assets within the last five years, including gifts? Yes ___ No ___ If Yes, please provide the amount, type and date of each transfer on a separate page.

Name : _____

Has the applicant, their spouse, or children ever created a trust, placed any items in a trust, or are named as a trustee or beneficiary on a trust? Yes _____ No _____ Please provide the type of trust, date of trust trustee and beneficiary on a separate page.

Please Print clearly.

By my signature I acknowledge that the above information and representations are accurate and complete. This information will be used by nursing facilities to make decisions regarding admission of the applicant.

Applicant Signature

Date

Representative Signature

Date

The choices of facilities are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____