

SKILLED NURSING & REHABILITATION

Application for Admission

The Green

3023 Route 430, PO Box 400
Greenhurst, NY 14741
(716) 483-5000
green@heritage1886.org

The Park

150 Prather Avenue
Jamestown, NY 14701
(716) 488-1921
park@heritage1886.org

The Village

4570 Route 60, PO Box 351
Gerry, NY 14740
(716) 985-4612
village@heritage1886.org

Centralized Admission Office phone (716) 484-6695 or fax (716) 484-9370

If you have a preference of commiunity, please indicate above. No person will be considered for admission unless all sections of this application are satisfactorily completed. All information given is considered confidential.

PERSONAL INFORMATION

Applicant's name _____ Today's date _____
Current address _____ State _____ Zip _____
Home phone _____ Cell phone _____
Social Security # _____ - _____ - _____ Date of birth _____ Male Female
Marital Status _____ U.S. veteran? Yes No Was/Is spouse a U.S. veteran? Yes No N/A
US Citizen Yes No Place of birth _____
Religious affiliation _____

PHYSICIAN INFORMATION

Primary physician _____ Phone _____

CONTACT INFORMATION

Person assisting with application _____ Phone _____
Address _____ State _____ Zip _____ Relationship _____
Power of Attorney? Yes No Name _____ Phone _____
Guardianship? Yes No Name _____ Phone _____
Health Care Proxy Yes No Name _____ Phone _____

INSURANCE INFORMATION

Medicare number _____ Pharmacy plan _____
 Medicare Advantage plan name _____ ID # _____
 Supplemental insurance _____ ID # _____
 Additional health insurance _____
 Long Term Insurance _____ Policy # _____
 Medicaid Yes No Pending – Date applied _____ Who applied? _____

Copies of all insurance cards will be required at time of admission.

FINANCIAL INFORMATION

Do you own a residence? Yes No If yes, where? _____
 Additional property (vacation, rental, commercial, land, etc) _____
 Vehicles (motor vehicles, RV, motorcycles, boats, etc.) _____

Income

Monthly Income	Applicant	Applicant's Spouse
Social Security	\$ _____	\$ _____
Retirement pension(s)	\$ _____	\$ _____
Veteran pension(s)	\$ _____	\$ _____
Rental income	\$ _____	\$ _____
Other income	\$ _____	\$ _____
Total monthly income	\$ _____	\$ _____

Assets

	Value	Joint?		Value	Joint?
Life insurance	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checking account	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings account	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuity	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
CDs	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Transfers of Money, Properties, or Other Assets

- 1. Has the Applicant (or spouse) 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.
- 2. 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 If yes, please provide the type of trust, date of trust, trustee, and beneficiary on a separate page.

Legal Council

Are you currently working with an attorney or other firm? Yes No

If yes, provide name of attorney or firm _____

If yes, please indicate what services you are utilizing. Estate Planning Medical Planning Other _____

PLEASE PROVIDE COPIES OF THE FOLLOWING AND ATTACH TO THIS APPLICATION IF APPLICABLE:

- Health Care Proxy and/or Advanced Directives (if completed)
- Living Will/MOLST (if signed)
- Power of Attorney/Legal Guardian (if established)
- Do Not Resuscitate Order (if previously signed)

Upon satisfactory review of the application, Heritage will consider the Applicant for admission. The Applicant and the Designated Representative certify that they have provided the information contained in this application and represent that it is factually true, accurate and complete. Upon satisfactory review of the application by Heritage, the Applicant will be considered for admission. Upon acceptance of the Applicant, the Applicant and Designated Representative further agree to sign the Heritage Agreement for Admission prior to or on the day of admission. A copy of the Agreement for Admission is available upon request.

Our communities admit and treat all individuals without regard to race, creed, color, national origin, blindness, disability, sex, sexual preference, marital status, religion, age, source of payment, sponsorship, or military status.

Applicant's signature _____ Today's date _____

Designated representative's signature _____ Today's date _____

For office use only _____

