

# TEN BROECK COMMONS

One Commons Drive  
Lake Katrine, NY 12449

Phone (845) 336-6666

FAX (845) 336-5531

## APPLICATION FOR ADMISSION

Thank you for your interest in Ten Broeck Commons. In order to process an individual's request for application, we must have the information below. Please answer all questions carefully. The information contained herein is confidential and constitutes the basis for potential resident admission.

### PERSONAL INFORMATION

Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_  
Last First Middle Phone \_\_\_\_\_

U.S. Citizen Yes  No

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Religion (optional) \_\_\_\_\_

Former Occupation \_\_\_\_\_

Name of Attending Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Date and Place of Last Hospital Stay \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Single  Divorced  Separated  Widowed  Married  Spouse Name \_\_\_\_\_

Does the applicant have any of the following: (If yes, please provide copies)

Power of Attorney Yes  No  Name: \_\_\_\_\_

Health Proxy Yes  No  Name: \_\_\_\_\_

Legal Guardian Yes  No  Name: \_\_\_\_\_

Advanced Directives Yes  No

Living Will Yes  No

**DESIGNATED REPRESENTATIVE**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (business) \_\_\_\_\_ (cell) \_\_\_\_\_

**ADDITIONAL CONTACTS**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (business) \_\_\_\_\_ (cell) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (business) \_\_\_\_\_ (cell) \_\_\_\_\_

**INSURANCE INFORMATION**

**\*\*PLEASE ENCLOSE COPIES OF ALL CARDS\*\***

Social Security Number \_\_\_\_\_

Medicare Number \_\_\_\_\_ Part A \_\_\_\_\_ Part B \_\_\_\_\_

Medicare Prescription Drug Plan \_\_\_\_\_

Medicaid Number \_\_\_\_\_ County \_\_\_\_\_ Caseworker \_\_\_\_\_

Is Medicaid Pending? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Applied \_\_\_\_\_

HMO \_\_\_\_\_ Policy \_\_\_\_\_

Other Insurance \_\_\_\_\_ Policy \_\_\_\_\_ Phone \_\_\_\_\_

Long Term Care Insurance \_\_\_\_\_ Policy \_\_\_\_\_ Phone \_\_\_\_\_

Is Applicant or Spouse a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ VA # \_\_\_\_\_

**MONTHLY INCOME**

**\*\*SPOUSE'S INCOME MUST BE DISCLOSED TO DETERMINE MEDICAID ELIGIBILITY\*\***

	<b>Applicant</b>	<b>Spouse</b>
Social Security Benefits	\$ _____	_____
Veterans Benefits	\$ _____	_____
Pensions (specify)	\$ _____	_____
Railroad Retirement	\$ _____	_____
Annuity	\$ _____	_____
Other (specify)	\$ _____	_____

**BANK ACCOUNTS**

<b>Bank</b>	<b>Address</b>	<b>Account #</b>	<b>Type</b>	<b>Joint (with?)</b>	<b>Balance</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**REAL ESTATE AND OTHER ASSETS**

Do You Own Your Home? \_\_\_\_\_ Market Value \$ \_\_\_\_\_

Other Real Estate? \_\_\_\_\_ Market Value \$ \_\_\_\_\_

Do You Own Stocks/Bonds/CD's Yes \_\_\_\_\_ No \_\_\_\_\_

**\*STOCKS, CD'S AND BONDS MUST BE IDENTIFIED\***

<b>NAME</b>	<b>VALUE</b>	<b>WHERE LOCATED</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*\* PLEASE ATTACH ADDITIONAL PAGE IF MORE SPACE IS NEEDED\*\***

**TRANSFER OF ASSETS**

Has your home been transferred in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
Market Value \_\_\_\_\_ Date Transferred \_\_\_\_\_  
Details \_\_\_\_\_

Has there been a transfer of any assets in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
Amount \_\_\_\_\_ Date \_\_\_\_\_  
Amount \_\_\_\_\_ Date \_\_\_\_\_  
Details \_\_\_\_\_

**FUNERAL ARRANGEMENTS**

Person Responsible For Funeral Arrangements \_\_\_\_\_  
Name of Funeral Home \_\_\_\_\_ Phone \_\_\_\_\_  
Do you have a prepaid burial? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Amount \$ \_\_\_\_\_

**ACKNOWLEDGEMENT**

By signing below, I acknowledge that the information contained on this application is correct and valid. I understand that Ten Broeck Commons will rely upon the truth and completeness of the information contained on this application form for the purpose of determining when or if a resident may need financial assistance. I hereby give Ten Broeck Commons permission to verify the information supplied.

\_\_\_\_\_  
Applicant's Signature or Designated Representative Signature Date

**\*THIS FACILITY DOES NOT DISCRIMINATE IN ADMISSION OR RETENTION AND CARE OF ITS RESIDENTS BECAUSE OF RACE, COLOR, CREED, SEX, AGE, NATIONAL ORIGIN, SPONSOR, SOURCE OF PAYMENT, DISABILITY, BLINDNESS, HANDICAP, SEXUAL PREFERENCE, OR MARITAL STATUS.**

