

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****

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

BANK ACCOUNTS

Bank	Address	Account #	Type	Joint (with?)	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

NAME	VALUE	WHERE LOCATED
_____	_____	_____
_____	_____	_____
_____	_____	_____

**** 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.**

