



10836 Temple Rd. Dunkirk, NY 14048

APPLICATION FOR ADMISSION

(CH107 8/84 Rev 6/87. 5/98. 5/99. 5/03)

**If you would like assistance completing this form please contact the Admission Coordinator at
(716)366-6400 ext. 7852
(716)366-2516 fax**

Name: _____ S.S. Number: _____

Home Address: _____
(Street)

(City) (State) (Zip) (County)

Current Location: _____

Previous skilled nursing facility stay? _____ Dates: _____ Facility Name: _____

Date of Birth: _____ Sex: _____ American Citizen? Yes No

Persons to be notified in Case of Emergency:

Contact #1

Name: _____ Relationship: _____

Address: _____ Home: () _____

_____ Work: () _____

Health Care Agent? YES NO Power of Attorney? YES NO

Contact #2

Name: _____ Relationship: _____

Address: _____ Home: () _____

_____ Work: () _____

Health Care Agent? YES NO Power of Attorney? YES NO

Contact #3

Name: _____ Relationship: _____

Address: _____ Home: () _____

_____ Work: () _____

Health Care Agent? YES NO Power of Attorney? YES NO

NEW YORK STATE AND FEDERAL LAWS PROHIBIT DISCRIMINATION IN ADMISSION, RETENTION AND CARE OF RESIDENTS ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, SOURCE OF PAYMENT, MARITAL STATUS OR SEXUAL PREFERENCE.

Financial Statement

Monthly Income

Self

Spouse

Social Security

Pension/Retirement

Interest

Other

Description

Approximate Value

Owens Real Estate?

YES

NO

\$ _____

Life Insurance:

YES

NO

\$ _____

Pre-paid Funeral

YES

NO

\$ _____

Additional Assets:

(Type: C = Checking, S = Savings, CD = Certificates of Deposit, A = Annuity, SB = Savings Bonds, O = Other.)

Type

Name/Description

Approximate Value

\$ _____

\$ _____

\$ _____

\$ _____

Please explain any joint ownership of the above listed assets and provide names and relationship of joint owners.

Have you transferred any assets or property in the past 60 months?

YES

NO

Have you given gifts of cash exceeding \$500.00 in the past 60 months?

YES

NO

Liabilities

Amount Owed

Home Mortgage / Home Equity / Land Contract

\$ _____

Loan / Installment Payments

\$ _____

Other Liabilities

\$ _____

Please bring insurance information, including cards prior to or at the time of admission.

Do you have Medicare? YES NO

Medicare number _____

Effective Dates Part A _____ Part B _____ Part D _____

Part D Plan Name _____ Policy # _____

Are you enrolled in a Medicare Advantage Plan (HMO)? YES NO

If yes, Insurance Company name: _____

Policy number: _____ Phone # (_____) _____

Do you have medical insurance? YES NO

Company _____ Policy # _____

Address _____ Phone # (_____) _____

Do you have a prescription plan (other than Medicare Part D)? YES NO

Company _____ Policy # _____

Address _____ Phone # (_____) _____

Do you have Medicaid? YES NO

If yes: Medicaid No. _____ County _____

If no, do you have an appointment?

Appointment Date _____ With who? _____

Please complete the following if arrangements have been made or to indicate preference:

Funeral Home: _____ Phone: _____

(address) Prepaid? YES NO

Location of Burial/Cremation: _____ City, State: _____

Who is your attorney? _____ Phone: _____

Do you have a will? YES NO

Application completed by: _____ Date: _____

Relationship to Applicant: _____

Please complete the Social Data questions on the back of this form.

Social Data

What have been your living arrangements? (live alone, with spouse, with others?)

Education: _____

Recreational interests: hobbies, favorite television programs/movies, memberships in organizations, etc

Clergy to be contacted in case of emergency? Yes No Name: _____

Religion: _____ Church: _____ Phone: _____

Birthplace: _____

Occupation or trade: _____ Retired? Yes No

Company Name _____ City, State _____

Your Physician: _____ Phone: _____

Veteran? YES NO Dates of Service: _____

Spouse Veteran? YES NO Branch: _____

Marital Status: M S D W Spouse Name: _____
(Even if deceased. Please include maiden name)

Marriage Date: _____

Your Fathers Name: _____

Your Mothers Name: _____
(please include maiden name)