

APPLICATION FOR ADMISSION



**411 Clinton Street
Penn Yan, New York 14527
Phone (315) 536-8800
Fax (315) 531-9088
Clintoncrestmanor.com**

PROMOTING THE HIGHEST LEVEL OF WELL BEING

Date of Application _____

Desired admission date _____

Please answer all questions as completely and as accurately as possible.

This information is for the use of Clinton Crest Manor in determining your eligibility for admission and will be held in confidence.

NAME IN FULL

(First) (Initial) (Last)

Address _____ Phone # _____

City _____ County _____ State _____ Zip _____

With whom do you now reside? _____ Relationship _____

Marital Status? If Married - Spouse's Name _____

Birthdate _____ Sex _____ Citizenship _____

City of Birth _____ State of Birth _____

Social Security No. _____

Occupation? _____ Last Employer? _____

Organizations to which you belong? _____

Licensed to drive a car? Yes No
If yes, driver's license number _____ Expiration Date _____

Would you bring a car? Yes No

Veteran Status Yes No Spouse of Veteran Yes No

Funeral Home/Burial Fund _____

Power of Attorney/Resident Representative _____

Address _____

Phone _____

FAMILY MEMBERS/SIGNIFICANT OTHERS

Name _____
Street _____
City _____
State & Zip _____
Phone _____
Relationship _____
E-Mail _____

Name _____
Street _____
City _____
State & Zip _____
Phone _____
Relationship _____
E-Mail _____

Name _____
Street _____
City _____
State & Zip _____
Phone _____
Relationship _____
E-Mail _____

Name _____
Street _____
City _____
State & Zip _____
Phone _____
Relationship _____
E-Mail _____

HEALTH INSURANCE

Primary Health Insurance Coverage (list policy(s) and number(s) below)

Medicare _____ Part A _____ Part B _____ Effective Date _____

Medicaid _____ County of Origin _____

Is there a spend down? Yes, in the amount of \$ _____ No _____

Secondary Insurance Coverage (list policy(s) and number(s) below)

MEDICAL

Illness or disabilities _____

Recent hospitalizations _____

Name of Physician _____ Phone _____

Address _____

Last office visit/reason for visit _____

Specify the condition of your health _____

Specialists _____

Advance Directives (a copy will be requested at the time of admission)

Health Care Proxy

DNR

MOLST

Living Will

APPLICANTS FINANCIAL INFORMATION

Clinton Crest Manor requires the following personal financial information. This information is used for admission determinations and for determinations regarding our obligation to provide a resident centered environment and service continuum. Please complete the financial information below. It will be held in confidence and not released to any person, agency, or party unless so directed by the resident.

Please indicate below the approximate market value or actual value of each of the following ASSETS you own.

ASSETS	APPROXIMATE VALUE	TOTAL VALUE
REAL ESTATE ASSETS		
Residential Home		
Other Property or Land		
Total Real Estate Value		
BANK ASSETS		
Checking Accounts		
Savings Accounts		
Total Banking Assets		
INVESTMENTS		
Stocks/Bonds		
CD's		
Mutual Funds		
Other		
Total Investments		
LIFE INSURANCE		
Paid Up Life Policies		
TOTAL OF ALL ASSETS LISTED		

SOURCE OF INCOME	AMOUNT	HOW OFTEN RECEIVED
Social Security		
Supplemental Security		
Interest Income		
Dividend Income		
Pension		
Annuity		
Support From Relatives		

The financial information on this form is a true and correct statement of my current financial position to the best of my knowledge and belief. I further attest that I have not transferred, nor donated, to other persons assets not reflected on this form within the past three years and will not transfer or donate assets to other persons in the future which would preclude my ability to meet my financial obligation to Clinton Crest Manor.

Signed _____ Date _____

I will be able to pay the self-pay room and board rate for a minimum of six (6) months.

Signed _____ Date _____

Clinton Crest Manor, in compliance with New York State and Federal laws which prohibit discrimination based on race, creed, color, national origin, age, gender, marital status, sexual preference, disability, blindness, source of payment or sponsorship, admits and treats all residents on a non-discriminatory basis.