APPLICATION FOR ADMISSION

Applicant's Name_____
Home Address_____
Telephone_____Applicant's current location_____
_____
Name of person filling out application_____
Address_____ Zip code_____Telephone_____

Personal Data of Applicant

Applicant's Date of Birth_____U.S. citizen___Yes___No Religion_____
U.S. Military service__Yes___No Branch of Service_____From_____To_____
Martial Status_____Spouse's Name_____
Address of Spouse_____
Applicant's Designated Representative_____
NAME
_____
ADDRESS ZIP CODE TELEPHONE

Does any person for firm hold a power of attorney for the applicant?_____Yes _____No
Name_____ Telephone_____
Address_____ Zip code_____
(Please provide a copy)

Applicant's Children *(Please attach additional sheets if needed.)*

1. Name_____
   Address_____
   Occupation_____
   Home telephone #_____ Business telephone #_____

2. Name_____
   Address_____
   Occupation_____
   Home telephone #_____ Business telephone #_____

3. Name_____
   Address_____
   Occupation_____
   Home telephone #_____ Business telephone #_____

Other Relatives *(Please attach additional sheets if needed.)*

YORKTOWN ASSISTED LIVING RESIDENCE – APPLICATION FOR ADMISSION

1. Name_____kinship_____home tel._____
   Address_____bus. tel._____

2. Name_____kinship_____home tel._____
   Address_____bus. tel._____

Burial Arrangements

Funeral Home_____telephone_____

Cemetery_____burial plot____paid____unpaid

Please specify other burial arrangements_____

HEALTH/INSURANCE INFORMATION

(Please Submit Photocopies Of All Cards)

Social Security #_____ **Medicare Number**_____ **Part A**____**Part B**____

Medicaid Number_____ Application pending?____ Yes / No County_____

Supplemental Medical Insurance

Name_____ Policy #_____

Name_____ Policy #_____

Prescription Drug Plan

Name_____ Policy #_____

Long Term Care Insurance

Name_____ Policy #_____

Name of Primary Care Physician

Address_____Telephone_____

Preferred Hospital_____

Is applicant an organ donor? Yes / No If yes, to whom_____

Do you have a:	Health Care Proxy	____Yes	____No
	Living Will	____Yes	____No
	DNR	____Yes	____No

(Please submit a copy of each with application. The Seabury will not discriminate against individuals on the basis of having/not having these documents.)

FINANCIAL SUMMARY

(if more space is needed, please attach additional sheets)

Currently month income

1. Social Security $_____/mo.
2. Interest from bank accounts $_____/mo.
3. Dividends from securities $_____/mo.
4. Pension benefits $_____/mo.
5. Veteran's benefits $_____/mo.
6. Railroad retirement $_____/mo.
7. Income from annuities $_____/mo.
8. Rent from real property $_____/mo.
9. Other income (please specify) $_____/mo.

Total Monthly Income $_____/mo.

Bank Accounts: savings/checking/certificates of deposit

Name of Bank	Account #	Balance	Joint Account
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

Joint accounts held with whom_____

Stocks/bonds/other securities

Name of Bank	# of Shares	Total Current Market Value	Joint Account
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

Joint accounts held with whom_____

Name of broker_____

Real Estate

Description Of Property	Appraised Value	Outstanding Mortgage
_____	$_____	$_____
_____	$_____	$_____

YORKTOWN ASSISTED LIVING RESIDENCE – APPLICATION FOR ADMISSION

Life Insurance

Name of Company	Policy #	Cash Surrender Value
_____	_____	$_____

Please answer the following questions:

1. Has the applicant disposed of any assets within the 36 months prior to the date of this application? YES / NO If yes, please describe_____

2. Has the applicant set up a trust? YES / NO If yes, please supply the following:

Name	Address	Telephone
_____	_____	_____

3. Does the applicant maintain a safe deposit box? YES / NO If yes, please give the location and name(s) of the person(s) holding a key to the box. Location_____

Name	Address	Telephone
_____	_____	_____

NOTE: THIS APPLICATION MUST BE SUBMITTED BEFORE ANY PERSON CAN BE CONSIDERED FOR ADMISSION. SUBMISSION OF THIS APPLICATION DOES NOT CREATE ANY ENTITLEMENT TO ADMISSION OR MEAN THAT THE APPLICATION WILL BE ACCEPTED AS A CANDIDATE FOR ADMISSION. SUBMITTED FINANCIAL DOCUMENTATION IS SUBJECT TO REVIEW AND VERIFICATION BY THE FACILITY.

"ADMISSION AND ACCESS TO YORKTOWN ASSISTED LIVING RESIDENCE WILL BE AVAILABLE WITHOUT DISCRIMINATION TO ALL APPLICANTS REGARDLESS OF RACE, CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, PAYOR SOURCE, MARITAL STATUS, SEXUAL PREFERENCE, VETERAN STATUS OR RELIGION."

THIS APPLICATION MAY BE USED TO APPLY FOR MEMORY SUPPORT PROGRAM OR THE ASSISTED LIVING RESIDENCE AT OUR FACILITY. PLEASE CHECK THE NAME OF THE PROGRAM TO WHICH YOU WISH TO APPLY; SIGN THE APPLICATION AND BOTH RELEASES. FOR FURTHER INFORMATION, PLEASE CONTACT THE ADMISSIONS OFFICE(S) OF THE DESIGNATED FACILITY.

I HEREBY APPLY FOR ADMISSION TO: *YORKTOWN ASSISTED LIVING RESIDENCE*

_____*Assisted Living Residence* _____*Memory Support Program*

To the best of my knowledge and belief, all the information contained herein is accurate and true.

Signature of Applicant or Designated Representative	Print Name	Date
_____	_____	_____

*If you cannot sign your name, please mark **X** on the line above and have the application witnessed.*

Witnessed by	Relationship	Date
_____	_____	_____

RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE YORKTOWN ASSISTED LIVING RESIDENCE

TO REQUEST AND RECEIVE ANY MEDICAL INFORMATION NECESSARY TO EVALUATE MY CURRENT MEDICAL STATUS.

Applicant's Name (please print)_____

Applicant's or Designated Representative's Signature_____

Witnessed By_____

RELEASE OF FINANCIAL INFORMATION

I HEREBY AUTHORIZE YORKTOWN ASSISTED LIVING RESIDENCE

TO VERIFY ASSETS STATED ABOVE THROUGH THE FINANCIAL INSTITUTIONS LISTED HEREIN.

Applicant's Name (please print)_____

Applicant's or Designated Representative's Signature_____

Witnessed By_____

ADMISSION APPLICATION ADDENDUM

CONSENT FOR ASSESSMENT

Every applicant for admission to Yorktown Assisted Living Residence must be evaluated prior to admission to determine if medical and nursing needs can be safely met. The required evaluations include:

- A Nursing Assessment conducted by a Registered Nurse from Yorktown Assisted Living Residence and a Registered Nurse from the Visiting Nurses Association. The cost for this assessment is $500. This assessment can be scheduled through a Yorktown Assisted Living Residence nurse.
- A Medical Evaluation conducted by the physician of you choosing. This should be arranged for by the applicant and his/her family. The physician must complete the attached medical evaluation forms in their entirely. the forms must then be returned to the facility for review.

This form must be signed and returned to the facility with the Admission Application

I_____ give my consent for the above evaluations. I understand that final approval of my application will be considered only after the completion of these evaluations.