

YORKTOWN ASSISTED LIVING RESIDENCE – APPLICATION FOR ADMISSION

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 _____
Marital 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.)*

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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. Yorktown Assisted Living will not discriminate against individuals on the basis of having/not having these documents.)

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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
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Joint accounts held with whom _____

Stocks/bonds/other securities

Name of Bank	# of Shares	Total Current Market Value	Joint Account
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Joint accounts held with whom _____

Name of broker _____

Real Estate

<u>Description Of Property</u>	<u>Appraised Value</u>	<u>Outstanding Mortgage</u>
	\$ _____	\$ _____
	\$ _____	\$ _____

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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

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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 _____

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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 your choosing. This should be arranged for by the applicant and his/her family. The physician must complete the attached medical evaluation forms in their entirety. 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.