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Residential Health Care Facility-Application for Admission

All questions must be answered in full either by or on behalf of the Applicant desiring admission. No application for admission will be considered unless it is complete. Submission of an application does not guarantee admission, nor does it create entitlement to admission or placement on any waiting list. State and Federal laws prohibit discrimination on the basis of race, color, creed, sex, sexual preference, national origin, sponsor, blindness, handicap or method of payment on the acceptance, retention or care of residents. All information given is considered confidential.

Personal Data

1. Name _____ Phone: _____
Street Address _____
City, State Zip _____ County _____
Is there a lease agreement at the applicant's current location? Yes _____ No _____
2. Where is applicant presently? (Facility name, if any): _____
3. Date of Birth: _____
4. Is applicant a citizen of the United States? Yes _____ No _____*
*If not a citizen of the U.S., a copy of applicant's Green Card is required.
5. Is applicant a veteran? Yes _____ No _____
6. Name of spouse, relatives, and/or responsible party:

Name: _____ Relationship _____
Address _____ City/State/Zip _____
Phone Number(s): Home _____ Business _____ Cell _____
E-mail Address (optional): _____

Name: _____ Relationship _____
Address: _____ City/State/Zip _____
Phone Number(s): Home _____ Business _____ Cell _____
E-mail Address (optional): _____

Name: _____ Relationship _____
Address: _____ City/State/Zip _____
Phone Number(s): Home _____ Business _____ Cell _____
E-mail Address (optional): _____

Statistical Section

7. Social Security Number: _____ (copy of card is required)
 Medicare Claim Number: _____ (copy of card is required)
 Is entitled to Hospital Insurance: Effective Date _____
 Is entitled to Medical Insurance: Effective Date _____
 Is applicant approved for nursing home care under the **New York State Medical Assistance Program? (Medicaid)** ____ Yes ____ No If yes, Medicaid No.: _____
 Access No.: _____ If pending, interview date: _____
 Does applicant have health insurance? Yes _____ No _____
 If yes, give company name and policy number: _____
 Does applicant's policy have prescription coverage? Yes _____ No _____
 Medicare Part D-name of PDP (Prescription Drug Plan) _____
 If no PDP, please provide a copy of letter indicating credible coverage exists.
 Does applicant have long term care insurance? Yes _____ No _____
 If yes, give company name and policy number: _____
 Please submit a copy of all applicable insurance cards along with this application.
 ____ Social Security ____ Medicaid ____ Medicare ____ Health Insurance(s) ____ Long Term Insurance

8. **New York State Law requires that a funeral home be assigned prior to admission.**

- Funeral Home: _____
 Full Address and Phone Number: _____
 Is applicant an organ donor? ____ Yes ____ No If yes, a copy of donor card is required upon admission.
 9. Does applicant have a Health Care Proxy? ____ Yes ____ No If yes, please bring a copy upon admission.
 Does applicant have a Living Will? ____ Yes ____ No
 Does applicant have a Do Not Resuscitate Order (DNR)? ____ Yes ____ No
 If yes, please bring copy upon admission.

Financial Section (All Information is Considered Confidential)

No application for admission will be considered unless all requested financial information is provided.

10. **Monthly Income**

	Applicant	Spouse
Salary		
Social Security		
Retirement Pension		
Veteran's Pension		
Railroad Pension		
Supplementary Security Income		

Other Monthly Income _____ Source _____
 Have you transferred any assets within the past 5 years? _____ If so, identify all such assets and their value amount \$ _____
 To Whom _____

11. Assets

<u>Checking Account:</u>	Bank		Amount
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Savings Account:	Bank	Amount
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CD's, Stocks, Bonds, Mutual Funds	Amount
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Real Estate	Jointly Owned?	Yes	No
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Insurance Policies	Cash Value
Life Insurance Policy #12345	\$100,000
Life Insurance Policy #67890	\$250,000
Life Insurance Policy #11111	\$50,000
Life Insurance Policy #22222	\$75,000
Life Insurance Policy #33333	\$125,000
Life Insurance Policy #44444	\$175,000
Life Insurance Policy #55555	\$225,000
Life Insurance Policy #66666	\$275,000
Life Insurance Policy #77777	\$325,000
Life Insurance Policy #88888	\$375,000
Life Insurance Policy #99999	\$425,000
Life Insurance Policy #00000	\$475,000
Life Insurance Policy #10101	\$525,000
Life Insurance Policy #20202	\$575,000
Life Insurance Policy #30303	\$625,000
Life Insurance Policy #40404	\$675,000
Life Insurance Policy #50505	\$725,000
Life Insurance Policy #60606	\$775,000
Life Insurance Policy #70707	\$825,000
Life Insurance Policy #80808	\$875,000
Life Insurance Policy #90909	\$925,000
Life Insurance Policy #01010	\$975,000
Life Insurance Policy #11111	\$1,025,000
Life Insurance Policy #21212	\$1,075,000
Life Insurance Policy #31313	\$1,125,000
Life Insurance Policy #41414	\$1,175,000
Life Insurance Policy #51515	\$1,225,000
Life Insurance Policy #61616	\$1,275,000
Life Insurance Policy #71717	\$1,325,000
Life Insurance Policy #81818	\$1,375,000
Life Insurance Policy #91919	\$1,425,000
Life Insurance Policy #02020	\$1,475,000
Life Insurance Policy #12121	\$1,525,000
Life Insurance Policy #22222	\$1,575,000
Life Insurance Policy #32323	\$1,625,000
Life Insurance Policy #42424	\$1,675,000
Life Insurance Policy #52525	\$1,725,000
Life Insurance Policy #62626	\$1,775,000
Life Insurance Policy #72727	\$1,825,000
Life Insurance Policy #82828	\$1,875,000
Life Insurance Policy #92929	\$1,925,000
Life Insurance Policy #03030	\$1,975,000
Life Insurance Policy #13131	\$2,025,000
Life Insurance Policy #23232	\$2,075,000
Life Insurance Policy #33333	\$2,125,000
Life Insurance Policy #43434	\$2,175,000
Life Insurance Policy #53535	\$2,225,000
Life Insurance Policy #63636	\$2,275,000
Life Insurance Policy #73737	\$2,325,000
Life Insurance Policy #83838	\$2,375,000
Life Insurance Policy #93939	\$2,425,000
Life Insurance Policy #04040	\$2,475,000
Life Insurance Policy #14141	\$2,525,000
Life Insurance Policy #24242	\$2,575,000
Life Insurance Policy #34343	\$2,625,000
Life Insurance Policy #44444	\$2,675,000
Life Insurance Policy #54545	\$2,725,000
Life Insurance Policy #64646	\$2,775,000
Life Insurance Policy #74747	\$2,825,000
Life Insurance Policy #84848	\$2,875,000
Life Insurance Policy #94949	\$2,925,000
Life Insurance Policy #05050	\$2,975,000
Life Insurance Policy #15151	\$3,025,000
Life Insurance Policy #25252	\$3,075,000
Life Insurance Policy #35353	\$3,125,000
Life Insurance Policy #45454	\$3,175,000
Life Insurance Policy #55555	\$3,225,000
Life Insurance Policy #65656	\$3,275,000
Life Insurance Policy #75757	\$3,325,000
Life Insurance Policy #85858	\$3,375,000
Life Insurance Policy #95959	\$3,425,000
Life Insurance Policy #06060	\$3,475,000
Life Insurance Policy #16161	\$3,525,000
Life Insurance Policy #26262	\$3,575,000
Life Insurance Policy #36363	\$3,625,000
Life Insurance Policy #46464	\$3,675,000
Life Insurance Policy #56565	\$3,725,000
Life Insurance Policy #66666	\$3,775,000
Life Insurance Policy #76767	\$3,825,000
Life Insurance Policy #86868	\$3,875,000
Life Insurance Policy #96969	\$3,925,000
Life Insurance Policy #07070	\$3,975,000
Life Insurance Policy #17171	\$4,025,000
Life Insurance Policy #27272	\$4,075,000
Life Insurance Policy #37373	\$4,125,000
Life Insurance Policy #47474	\$4,175,000
Life Insurance Policy #57575	\$4,225,000
Life Insurance Policy #67676	\$4,275,000
Life Insurance Policy #77777	\$4,325,000
Life Insurance Policy #87878	\$4,375,000
Life Insurance Policy #97979	\$4,425,000
Life Insurance Policy #08080	\$4,475,000
Life Insurance Policy #18181	\$4,525,000
Life Insurance Policy #28282	\$4,575,000
Life Insurance Policy #38383	\$4,625,000
Life Insurance Policy #48484	\$4,675,000
Life Insurance Policy #58585	\$4,725,000
Life Insurance Policy #68686	\$4,775,000
Life Insurance Policy #78787	\$4,825,000
Life Insurance Policy #88888	\$4,875,000
Life Insurance Policy #98989	\$4,925,000
Life Insurance Policy #09090	\$4,975,000
Life Insurance Policy #19191	\$5,025,000
Life Insurance Policy #29292	\$5,075,000
Life Insurance Policy #39393	\$5,125,000
Life Insurance Policy #49494	\$5,175,000
Life Insurance Policy #59595	\$5,225,000
Life Insurance Policy #69696	\$5,275,000
Life Insurance Policy #79797	\$5,325,000
Life Insurance Policy #89898	\$5,375,000
Life Insurance Policy #99999	\$5,425,000

Other Assets

12. Liabilities:

Home Mortgage Amount

Loan/Installment Payments

13. Power of Attorney

Name	Telephone No.
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Address _____
Street City State Zip

14. Designated Representative or Power of Attorney who will take full responsibility in insuring that payment will be made from Applicant's income, assets and/or resources for all expenses incurred while at the facility, which are not covered by Medicare, Medicaid or other Health Insurance.

Name: _____

Full Address and Phone No.:

15. A copy of one of the following should be returned with the application. Please check the one that applies:

Power of Attorney Bank Power of Attorney Order Appointed Guardian, Conservator or Committee

16. To be completed by both Applicant (if able) and Designated Representative.

I, _____, do solemnly swear or affirm that the information contained on this form is true, complete and accurate to the best of my knowledge and acknowledge that the facility will rely on the above information and representations in making its decision regarding admission of the applicant.

Signature of Applicant

Date _____

Signature of Designated Representative

Date _____

17. To be completed by Power of Attorney, if different from Designated Representative.

I, _____, do solemnly swear or affirm that the information contained on this form is true, complete and accurate to the best of my knowledge and acknowledge that the facility will rely on the above information and representations in making its decision regarding admission of the applicant.

Signature of POA, if different from Designated Representative

Date _____