



180 Washington Avenue Extension
Albany, New York 12203

APPLICATION FOR ADMISSION

State and Federal laws prohibit discrimination based on Sex, Race, Creed, Color, National Origin, Sexual Preference, Marital Status, Blindness, Disability, Age, Source of Payment, or Sponsorship in admission, retention and care of residents.

I. PERSONAL INFORMATION

Full Name Date
Current Address City State
County Zip Tel. No SS#

I have been residing at this address since: DOB: Place of birth:

If foreign born, please provide documentation of proof of citizenship.

Medicare ID # Part A: Yes No Part B: Yes No

Medicaid ID# Effective Date: Medicaid County:

Other Insurance: ID #

Maiden Name Wife's maiden name

Name of Father Maiden name of Mother

US Military Service: Yes No Branch from to

Occupation or Trade

Marital status: Single Married Widowed Separated Divorced

Name of spouse

Date of Marriage If spouse is deceased, date

Personal Contacts

1. Name Relationship
Home Address Zip
Home Tel.# Business Tel. #

2. Name Relationship
Home Address Zip
Home Tel. # Business Tel. #

II. ADVANCE PLANNING

1.) I have a Power of Attorney: Yes No (If yes, please attach a copy of the document.)
Name of Attorney-in-Fact:
Address and Phone Number:

2.) I have a Health Care Proxy: Yes No (If yes, please attach a copy of the document.)
Name of Health Care Agent:
Address and Phone Number:

3.) I have a Living Will: Yes No (If yes, please attach a copy of the document.)

4.) I am working with an Elder Law or similar Attorney? Yes No
(If yes, please provide name, address, and phone number:)

5.) Who is the Executor of your estate?
Name Relationship Tel.#

Address _____

6.) **Membership in Benevolent society:**

Name of Organization / Undertaker _____ Tel. _____

Address _____

I have a paid unpaid burial plot

Cemetery _____ Location _____

7.) Arrangements for organ donation/anatomical gift: Yes No (If yes, please attach a copy of documents).

8.) In the event of accident or death, I direct you to notify _____

Address and Tel. #, _____

III. APPLICANT'S FINANCIAL ASSETS AND INCOME

ASSETS: Attach photocopies of the current statements, reflecting all assets listed below. Be sure copies include bank branch, account number, and name (s) of account holders. (We may request additional financial information depending on each applicant's financial status).

(If needed, attach an additional page to list all information).

1. Bank accounts (*Indicate: savings, checking, money markets, IRA's CD's, Mutual Funds, etc)

A. Bank _____ Balance \$ _____ Type of account* _____ Names on Acct _____

B. Bank _____ Balance \$ _____ Type of account* _____ Names on Acct _____

C. Bank _____ Balance \$ _____ Type of account* _____ Names on Acct _____

D. Investment _____ Market Value \$ _____ Names on Acct _____

E. Investment _____ Market Value \$ _____ Names on Acct _____

2. Within the past 60 months, have you **transferred** any assets or property to family or friends?

Yes No If yes, provide dollar amount or value and dates for each transfer.

Amount/Value: _____ Date: _____ Amount/Value: _____ Date: _____

Amount/Value: _____ Date: _____ Amount/Value: _____ Date: _____

3. Within the past 60 months, have you entered into any "**TRUST**" arrangements?

Yes No If yes, list value of assets involved and date of transfer. Also, provide a copy of the Trust.

Value: _____ Date: _____ Value: _____ Date: _____

Value: _____ Date: _____ Value: _____ Date: _____

4. I own the following real property: Yes No

Location: _____ Property Value: \$ _____

Type of property: Primary Residence Rental Vacation Commercial

Location: _____ Property Value: \$ _____

Type of property: Primary Residence Rental Vacation Commercial

If real estate is "Primary Residence," please answer the following.

a. Is property currently listed for sale? Yes No

b. Is applicant's intention to return to this property within six (6) months? Yes No

c. Is property currently occupied? Yes No

1. If yes, by whom? _____ Relationship to Applicant _____

d. Is there any mortgage on any of this property? Yes No If yes, amount remaining on mortgage: _____

5. I own life insurance and/or annuity contracts: Yes No

a. Name of Insurance Company _____ Policy _____

Present cash surrender value \$ _____

b. Name of Insurance Company _____ Policy _____
Present cash surrender value \$ _____

6. I own Stocks and/or Bonds: Yes No
Name of Investment: _____ Market Value: _____
Name of Investment: _____ Market Value: _____
Name of Investment: _____ Market Value: _____

7. Do you have Long Term Care Insurance? Yes No
If yes, provide the name and address of the insurance carrier and the daily benefit amount.
Name of Carrier: _____ Daily Benefit: \$ _____

8. Does anyone owe you money under any loan, note or mortgage? Yes No
If yes: Date of loan: _____ Total amount owed: \$ _____ Monthly Payment: \$ _____

INCOME PER MONTH: (Please attach documents to show proof of income)

1. Social Security	\$ _____	
2. Pensions		
a. Government	\$ _____	ID _____
b. VA	\$ _____	ID _____
c. Company	\$ _____	Name of Company _____
d. Other	\$ _____	Describe _____
3. Interest Income	\$ _____	Describe _____
4. Trust Income	\$ _____	Describe _____
5. Other Income	\$ _____	Describe _____

Please provide a copy of your Social Security card, Medicare card, Medicaid card (if applicable), and any other health insurance card (s).

EXPENSES:

Cost of any medical insurance premiums \$ _____

IV. PLAN OF PAYMENT FOR COST OF CARE AT DAUGHTERS OF SARAH

1. Own assets and/or income Medicaid

2. Designated Representative Responsible for Payments on your behalf.
Name _____ Relationship _____
Home Phone _____ Work Phone _____
Address _____

Our Nursing Center makes important decisions based on the information contained herein, therefore, do you have future plans to amend what funds are available toward the cost of care? Yes No

To the best of my knowledge, all the information provided herein is complete, accurate and valid. The finances described above are available and will be used to pay for the cost of care. I hereby apply for admission to the Daughters of Sarah Nursing Center.

Date: _____ Applicant's Signature: _____
If you cannot sign your name, please mark an X and have it witnessed.
Witnessed by _____ Date: _____