



## Admission Application

### **Application Demographics:**

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Current Location of Applicant: (please check) \_\_\_\_\_ Own Home/Apartment  
\_\_\_\_\_ With Family Member  
\_\_\_\_\_ Hospital  
\_\_\_\_\_ Other Care Provider

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced

Religious Affiliation: \_\_\_\_\_ Church: \_\_\_\_\_

Life Time Occupation: \_\_\_\_\_

Veteran: \_\_\_\_\_ Branch: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Applicant's Insurance Information:**

Medicare Number: \_\_\_\_\_

Other Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Long Term Care Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Prescription Coverage: \_\_\_\_\_

### **Applicant's Representative for Financial Decisions:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Bank Power of Attorney: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Durable Power of Attorney: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Conservatorship/Guardian: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does the Applicant have a trust? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has there been a transfer of funds/assets/real estate in the past 36 months?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**Applicant's Financial Information:**

**Monthly Income:**

Salary: \$ \_\_\_\_\_  
Social Security: \$ \_\_\_\_\_  
Pension: \$ \_\_\_\_\_  
Other Income: \$ \_\_\_\_\_  
Total Monthly Income: \$ \_\_\_\_\_

**Assets:**

Owens Real Estate: \$ \_\_\_\_\_  
Life Insurance (cash value): \$ \_\_\_\_\_  
Savings: \$ \_\_\_\_\_  
Investments: \$ \_\_\_\_\_  
Other Assets Estimated Value: \$ \_\_\_\_\_  
Total Value of Assets: \$ \_\_\_\_\_

**Liabilities:**

Home Mortgage: \$ \_\_\_\_\_  
Loan/Installment Payments: \$ \_\_\_\_\_  
Other Liabilities: \$ \_\_\_\_\_

**Additional Financial Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Representative for Health Care Decisions:**

\_\_\_\_\_ Check here if Rep same as Financial representative

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Health Care Proxy: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Living Will/Advance Directives in Place: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Memorial Arrangements in Place: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Arrangements planned with: \_\_\_\_\_  
Anatomical Gift Program: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Applicant's Financial Representative

\_\_\_\_\_  
Date

The Rochester Presbyterian Home is a not for profit Adult Home. We respect the rights of all people and applications are considered without regard to race, creed, color, age, gender, marital status, disability, sexual orientation, national origin or sponsor.

Please list, in order of preference, the four family members/friends whom you would like us to contact in an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
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Home Telephone: \_\_\_\_\_ Work \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_