

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

FAMILY HISTORY

Place Raised: _____

Number of Siblings: # Male: _____ #Still Living: _____

 #Female: _____ #Still Living: _____

Spouse's Name: _____ Date of Marriage: _____

Number of Children: #Male: _____ #Still Living: _____

 #Female: _____ #Still Living: _____

Important Family Dynamics (close family, estranged family members, primary caregivers, etc)

MEDICAL INFORMATION

History of Mental Illness, Suicide Attempts, or Alcohol/Drug Abuse: _____

History of Verbal, Sexual or Physical Aggression; History of Wandering: _____

Primary Physician (include address & ph. #): _____

COMMUNICATION

Speech: Clear Garbled Communicates Needs: Yes No

Makes Choices: Yes No Establishes Own Goals: Yes No

RESIDENTIAL HISTORY FOR THE PAST 5 YEARS

Home Setting: Apartment House Assisted Living/Adult Home Nursing Home

Were any Family Members/Community Agencies Assisting Resident With Needs? Please describe (i.e.; meals on wheels, visiting nurses, housekeeper, transportation, medication, etc):

Is the Applicant Aware/Accepting of Possible Placement in a Nursing Home? _____

How Does the Family Feel About Placement? _____

Is Placement Expected to be Permanent or Temporary? _____

How Often Do Family Members Expect to Visit? _____

INTERESTS AND TRAITS

Applicant's Former and Current Interests/Hobbies: _____

Applicant's Life Long Personality Traits (i.e.: easy going, outgoing, shy, kept to self, stubborn, etc.)

Has the applicant ever been convicted of any crime (felony or misdemeanor)? YES/NO

If yes, give particulars (date and charge) and disposition of each conviction _____

ADVANCE DIRECTIVES

Which directives have been completed by the applicant?

_____ Health Care Proxy _____ Do Not Resuscitate _____ Living Will

BURIAL ARRANGEMENTS

Funeral Home: (name) _____
(address) _____
(phone) _____

Are arrangements prepaid? YES/NO

INSURANCE

Applicant's Social Security #: _____ Spouse's Social Security #: _____

Medicare #: _____ Does applicant have Part B? YES NO

Does applicant have Medicare Part D (drug coverage)? YES NO

Medicaid (CIN) # and County: _____

Community or Chronic Care (Please circle)

Attach copy of Medicaid Budget Letter

Medicaid Application Pending? YES/NO If yes, date submitted: _____

Name of Caseworker: _____ County submitted: _____

Attach copy of Medicaid Application

HMO Insurance (please provide name and #): _____

Is HMO in place of Medicare? YES/NO

Other Health and/or Drug Insurance(s) (please name and #): _____

Copies of social security card, Medicare card, and any insurance cards must be submitted with this application.

FINANCIAL INFORMATION

All information provided on this form is subject to verification

Current Monthly Income:

	Applicant	Spouse
Social Security:	\$ _____	\$ _____
SSI or SSD:	\$ _____	\$ _____
Pensions (Retirement):	\$ _____	\$ _____
Name of Administrator	_____	_____
Address of Administrator:	_____	_____
	_____	_____
Pensions (Retirement):	\$ _____	\$ _____
Name of Administrator	_____	_____
Address of Administrator:	_____	_____
	_____	_____
Veteran's Pension:	\$ _____	\$ _____
Railroad Pension:	\$ _____	\$ _____
If employed:		
Monthly Salary:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Interest/Dividends:	\$ _____	\$ _____
Annuity Income/IRA:	\$ _____	\$ _____
Name of Administrator	_____	_____
Address of Administrator:	_____	_____
	_____	_____
Annuity Income/IRA:	\$ _____	\$ _____
Name of Administrator	_____	_____
Address of Administrator:	_____	_____
	_____	_____

If any additional income, please list above information on back of this page

**** Names and addresses for all pension and other income sources must be provided. We strongly recommend that if the applicant will be remaining at Maplewood, their income be switched to come directly to the facility. If that option is not selected or during the transition period, you will need to provide the resident's income monthly to the facility as directed.**

ASSETS: Bank Accounts (Applicant or spouse)

Please list all bank accounts (open or closed) that exist or existed in the Applicant's name (& spouse if applicable) in the last 60 months. **(Provide copy(ies) of last monthly/quarterly statement(s))**

Type of Account: Checking ____ Saving ____ Money Market ____ Certificate of Deposit (CD) ____
Credit Union Account ____ None ____

Bank name: _____

Current Balance: _____ **Account #:** _____

Joint Account? YES/NO If yes, with whom? _____

Type of Account: Checking ____ Saving ____ Money Market ____ Certificate of Deposit (CD) ____
Credit Union Account ____ None ____

Bank name: _____

Current Balance: _____ **Account #:** _____

Joint Account? YES/NO If yes, with whom? _____

Type of Account: Checking ____ Saving ____ Money Market ____ Certificate of Deposit (CD) ____
Credit Union Account ____ None ____

Bank name: _____

Current Balance: _____ **Account #:** _____

Joint Account? YES/NO If yes, with whom? _____

Type of Account: Checking ____ Saving ____ Money Market ____ Certificate of Deposit (CD) ____
Credit Union Account ____ None ____

Bank name: _____

Current Balance: _____ **Account #:** _____

Joint Account? YES/NO If yes, with whom? _____

Type of Account: Checking ____ Saving ____ Money Market ____ Certificate of Deposit (CD) ____
Credit Union Account ____ None ____

Bank name: _____

Current Balance: _____ **Account #:** _____

Joint Account? YES/NO If yes, with whom? _____

If any additional accounts, please list above information on back of this page

INVESTMENTS: (applicant or spouse)

(including but not limited to stocks, bonds, savings bonds, annuities, mutual funds)

Please list all stocks, bonds, savings bonds, mutual funds and annuities the Applicant owns (& spouse if applicable) or owned in the last 60 months. **(Provide proof of ownership and value):**

Does the Applicant (& spouse if applicable) have, or did Applicant (and spouse, if applicable) have, any investments including but not limited to stocks, bonds, savings bonds, annuities, mutual funds in the last 60 months? YES/NO **(Provide copy(ies) of most recent statements)**

Stocks ____ Bonds ____ Mutual Funds ____ Annuities ____ Savings Bonds _____

If Yes –

Investment/Brokerage Company _____

Owner _____ Account Value: \$ _____

Stocks ____ Bonds ____ Mutual Funds ____ Annuities ____ Savings Bonds _____

If Yes –

Investment/Brokerage Company _____

Owner _____ Account Value: \$ _____

Stocks ____ Bonds ____ Mutual Funds ____ Annuities ____ Savings Bonds _____

If Yes –

Investment/Brokerage Company _____

Owner _____ Account Value: \$ _____

IRA OR RETIREMENT ACCOUNTS (applicant or spouse)

Does the Applicant (& spouse if applicable) have, or did Applicant (and spouse, if applicable) have, any IRA, Keogh, 401(k), or Deferred Compensation Accounts in the last 60 months? YES/NO **(Provide copy(ies) of most recent statements)**

Bank/Investment/Brokerage Company _____

Owner _____ Account Value: \$ _____

Type of Investment _____

Bank/Investment/Brokerage Company _____

Owner _____ Account Value: \$ _____

Type of Investment _____

LIFE INSURANCE (applicant or spouse)

Does Applicant (& spouse, if applicable) have any Life Insurance Policies? YES/NO

Name of Insurance Company _____

Face Value: \$ _____

Cash Value: \$ _____

Name of Insurance Company _____

Face Value: \$ _____

Cash Value: \$ _____

Name of Insurance Company _____

Face Value: \$ _____

Cash Value: \$ _____

(Provide copy(ies) of all policies)

REAL PROPERTY (applicant or spouse)

Does the Applicant (and/or spouse) own a home? YES/NO Estimated Value: _____
(If yes, provide copy of last tax bill and deed)

Is the Home Jointly Owned? YES/NO With Whom? _____

Who Lives in the Home with Applicant? _____

Outstanding mortgage or loan? \$ _____

Does the Applicant (and/or spouse) own any other real estate (vacation homes, rental property, etc.)
YES/NO

If yes, address _____ Value: \$ _____

Outstanding mortgage or loan? \$ _____

Has the Applicant (and/or spouse) transferred or sold any real estate (including rentals or
vacation homes) in the last 60 months? YES/NO

If Yes – Explain: _____

If property was sold, was it sold for Fair Market Value? YES/NO \$ _____

Does the Applicant Have Life Use in the Home That He/She Transferred? YES/NO
(If yes, provide copy of deed.)

Has the Applicant (& spouse if applicable) Created a Trust in the last 60 months?
(If yes, provide copy of trust.)

Revocable: YES/NO

Irrevocable: YES/NO

What is the Date the Trust Was Created? _____

How Much Has Been Transferred into the Trust? \$ _____

Other Assets: _____

TRANSFERS/GIFTS (this includes but is not limited to large gifts of money for weddings, paying for college education for grandchildren, large birthday/holiday gifts, any payments made for un-receipted expenditures of \$500 or more, transferring property)

Have any of the Applicant's (& spouse if applicable) Assets Been Transferred or Gifted to an Individual in the last 60 months? YES/NO

If Yes – Date of the Transfer(s), amount or value, reason and recipient: _____

How much was transferred 60 months or more prior to the date on this application?: _____

How much was transferred within the past 60 months?: _____

Are the transferred/gifted funds still available if it is determined that the transfer/gift will disqualify the Applicant for Medicaid? YES/NO

Have any of the Applicant's (& spouse if applicable) Assets Been Transferred to a Trust in the last 60 months? YES/NO

If Yes – Date of the Transfer(s), amount or value, reason and recipient: _____

How much was transferred 60 months or more prior to the date on this application?: _____

How much was transferred within the past 60 months?: _____

Are the transferred/gifted funds still available if it is determined that the transfer/gift will disqualify the Applicant for Medicaid? YES/NO

Has the Applicant filed a tax return in the last 5 years? YES/NO

If yes, please provide a copy of the most recent return.

LIABILITIES:

Name of Creditor: _____ Balance Due: \$ _____

Name of Creditor: _____ Balance Due: \$ _____

Smoker? YES/NO

**This nursing home is a non-smoking facility. Admission priority is given to applicants who do not smoke. Residents are not allowed to smoke in the facility or on the grounds of the facility.*

**This facility does not discriminate in admission, retention or care of its residents because of race, creed, color, nationality, national origin, sex, disability, age, religion, source of payment, marital status or sexual preference.*

**The information provided shall remain confidential and shall be made available only to authorized hospital and nursing home personnel involved in the placement process, to any governmental officials authorized access by law to such records, and to any government or individual insurance programs for purposes of reimbursement/payment for care at the facility. Any copies of financial documents provided to the facility shall only be shared with those parties involved with providing financial resources for the care of the resident.*

**The facilities having access to this information do so without regard to race, creed, color, age, sex, religion, national origin, sponsor, sexual preference, disability, marital status, or upon any other ground prohibited by the law of the State of New York or the United States of America; persons 16 years of age or younger are not eligible for admission consideration, unless special approval has been received from the Department of Health*

To the best of my knowledge and belief, all the information provided herein is accurate and true and will be held confidential as per above. I further understand that withholding information requested or providing inaccurate information is grounds for legal action to be taken against me:

*Signature of Person
Completing Application:* _____

Relationship to Applicant: _____ *Date:* _____

OFFICE USE ONLY:	
Application reviewed: _____	Registry Checked: _____