

Universal application and financial form for all nursing homes in Wayne County

Please circle any/all homes you are interested in:

Blossom View Sodus	DeMay Newark	Newark Manor Newark	Wayne County Lyons
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I. IDENTIFYING INFORMATION

Last Name	Race
First Name	U. S. Citizen (circle one) Yes No
Middle Initial	Marital Status (circle one)
Street	Single Married Divorced
City	Widowed Separated Unknown
County	
State Zip	Social Security #
Phone	FOR FACILITY USE ONLY
Date of Birth Age:	Medical Record #
Birthplace	Admitted from (circle one)
Sex (circle one) Male Female	Hospital (name & date of admission)
Veteran (circle one) Yes No	
Maiden Name	Home
Name of Spouse	Other
Name of Father	Date of Admission Here
Name of Mother	Floor
Lifetime Occupation	Room #
Education	
Primary Physician	Attending Physician
Phone #	Phone #
Address	Address
Alternate Attending Physician	PA or Nurse Clinician
Phone #	Phone #
Address	Address
	Social Worker

II. RESPONSIBLE PARTY/ CONTACT

Designated Representative-Responsible for Payments	# 1 Contact
Name	Name
Address	Address
Phone # (H) (W)	Phone # (H) (W)
Cell Phone	Cell Phone
E-mail address	E-mail address
Relationship	Relationship
Please check if appropriate: POA HCP DNR	Please check if appropriate: POA HCP DNR

#2 Contact	#3 Contact
Name	Name
Address	Address
Phone # (H) (W)	Phone # (H) (W)
Cell Phone	Cell Phone
E-mail address	E-mail address
Relationship	Relationship
Please check if appropriate: POA HCP DNR	Please check if appropriate: POA HCP DNR

III. INSURANCE INFORMATION

Medicare Claim #	Medicaid #	County
Part A Y N Effective Date:	Effective Date	Pending:
Part B Y N Effective Date:	Medicaid Worker:	
Other Medical Insurance(s)	Prescription Coverage	
Name	Name	
Address	Address	
Policy # Eff. Date:	Policy # Eff. Date:	
Medical Insurance Self Pay (circle one) Yes No	Long Term Care Insurance Y N	
Paid by Previous Employer (circle one) Yes No	Company Name:	
Name of Employer	Address:	
Address	Phone #:	
	Daily Benefit Allowance of policy \$	
Copies of all insurance cards will need to be provided at time of admission		

IV. BURIAL/CLERGY INFORMATION

Religion	Funeral Home
Church Name	Address
Address	Phone #
Phone #	
Clergy Name	Cemetery Space

Are you enrolled in an Anatomical Gift Program?

_____ **yes** _____ **no**

If yes, please explain:

V. STATEMENT OF APPLICANT' S FINANCES:

A. MONTHLY INCOME:

SOURCE	APPLICANT	SPOUSE
Salary	\$	\$
Social Security	\$	\$
Retirement/Pension	\$	\$
Veteran's Pension	\$	\$
Railroad Pension	\$	\$
Annuities	\$	\$
Mortgages/Notes	\$	\$
Interest/Dividends	\$	\$
Supplementary Security Income	\$	\$
Other income: (Explain)	\$	\$
	\$	\$
TOTAL MONTHLY INCOME:	\$	\$

B. LIABILITIES/DEBTS: BALANCE

Mortgage	\$
Auto Loans	\$
Credit Cards	\$
Outstanding Loans	\$
Other	\$

C. ASSETS:

SOURCE	OWNED BY	BANK	AMOUNT
Savings Account			\$
Checking Account			\$
Credit Union			\$
Cert. of Deposit			\$

STOCKS/BONDS: _____ **AMOUNT:** _____

Annuities: _____ **AMOUNT:** _____

IRAS: _____ **AMOUNT:** _____

D. LIFE INSURANCE POLICIES:

COMPANY	FACE VALUE	CASH VALUE	Owner of Policy

E. REAL ESTATE:

1. LOCATION: _____

TYPE: Primary Residence Rental Property Vacation Home Other
(Please circle)

Other, please specify: _____

Names(s) on Deed: _____

Estimated Value: _____

2. LOCATION: _____

TYPE: Primary Residence Rental Property Vacation Home Other
(Please circle)

Other, please specify: _____

Names(s) on Deed: _____

Estimated Value: _____

If real estate is "Primary Residence", answer the following questions:	YES	NO
1. Is property currently listed for sale? (If yes, provide copy of listing or sale contract)		
2. Is it applicant's intention to return to Primary Residence within the next (6) months?		
3. Will the applicant's health status or mental health status prevent a return home?		
4. Does the applicant's physician agree that the applicant may be able to return home safely?		

5. Is primary residence currently occupied by one of the following? Please circle all that apply.

- a. Applicant's Spouse
- b. Applicant's child who is:
 - 1) under 21 years of age
 - 2) Certified blind
 - 3) disabled
- c. Other dependent relative of applicant:

6. Who is paying the taxes, insurance and the cost of upkeep of the property?

VI. APPLICANT'S INTEREST IN A BUSINESS:

Name of Business: _____

Address: _____

Type of Business: _____

Ownership Interest: _____

Are any of the above assets listed held in a Trust:

_____ **yes** _____ **no**

If yes, name of Trustee: _____

Date Trust established: _____

Has there been a transfer of real property, money, stock, or other property by gift or for any other reason from applicant on or after February 8, 2006? Sixty (60) months with a Trust?

_____ No _____ Yes: (Please Specify) _____

INFORMATION FURNISHED BY: _____

Applicant:

DATE: _____

Applicant's Signature _____

Responsible Party:

DATE: _____

Responsible Party's Signature _____

Relationship to Applicant _____

The Nursing Homes of Wayne County do not discriminate in admission or care of its residents because of race, creed, color, national origin, age, sex, marital status, sexual preference, blindness, disability, handicap, sponsor or source of payment.

**Blossom View
6884 Maple Ave.
Sodus, NY 14551**

Telephone: 315-483-9118

Fax: 315-483-9432

e-mail: blossomview.com

website: www.blossomview.com

**Newark Manor
222 W. Pearl Street
Newark, NY 14513**

Telephone: 315-331-4690

Fax: 315-331-8947

e-mail: abaran@newarkmanornursinghome.com

website: www.newarkmanornursinghome.com

**Rochester General Health System
DeMay Living Center
100 Sunset Dr.**

Newark, NY 14513

Telephone: 315-332-2700

Fax: 315-359-2146

e-mail: kathy.vanacker@rochestergeneral.org

website: www.rochestergeneral.org

**Wayne County Nursing Home
1529 Nye Rd.**

Lyons, NY 14489

Telephone: 315-946-5673

Fax: 315-946-5671

e-mail: wcnh@co.wayne.ny.us

website: www.waynecountynursinghome.org

Referral Information

To better assist the Nursing Homes in Wayne County please take a minute to answer the following questions.

1. Were you aware of **all** the Nursing Homes in Wayne County? Yes _____ No _____

2. If not, which nursing homes were you aware of? _____

3. Of the nursing homes you were aware of how did you hear about them: check all that apply

_____ newspaper: which one? _____ billboards

_____ movie theater _____ friend/relative _____ phonebook _____ Internet

_____ medical person: who? Doctor/hospital exit planner/etc.? _____

_____ community contacts _____ other human service agency