

# FERNCLIFF NURSING HOME

21 Ferncliff Drive, Rhinebeck, New York 12572 • Tel: 845-876-2011

## ADMISSION APPLICATION

NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITIZEN \_\_\_\_\_ LENGTH OF RESIDENCY IN U.S. \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SEPERATED \_\_\_\_\_ WIDOWED \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ IF DECEASED, DATE OF DEATH \_\_\_\_\_

IF LIVING, WHERE \_\_\_\_\_

### DESIGNATED REPRESENTATIVE AND/OR FAMILY CONTACTS:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

MEDICARE # \_\_\_\_\_ "A" COVERAGE: YES \_\_\_\_\_ NO \_\_\_\_\_ "B" COVERAGE: YES \_\_\_\_\_ NO \_\_\_\_\_

DID YOU CONVERT YOUR MEDICARE TO WELLCARE, CHP, OXFORD OR ANY OTHER HMO? \_\_\_\_\_

WHICH ONE? \_\_\_\_\_ PRESCRIPTION DRUG PLAN \_\_\_\_\_ PDP ID# \_\_\_\_\_

MEDICAID # \_\_\_\_\_ COUNTY \_\_\_\_\_ RELIGION \_\_\_\_\_

BLUE CROSS/BLUE SHIELD # \_\_\_\_\_ CONTRACT # \_\_\_\_\_

OTHER MEDICAL INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_

HEALTH CARE AGENT \_\_\_\_\_ HOSPITAL REFERENCE \_\_\_\_\_

BURIAL ACCOUNT: YES \_\_\_\_\_ NO \_\_\_\_\_

WORK HISTORY:

FORMER OCCUPATION \_\_\_\_\_ IF RETIRED, HOW MANY YEARS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ UNION MEMBERSHIP # \_\_\_\_\_

VETERAN'S IDENTIFICATION # \_\_\_\_\_ DATES OF SERVICE \_\_\_\_\_

FINANCIAL RESOURCES:

SOCIAL SECURITY BENEFITS...\$ \_\_\_\_\_ RAILROAD RETIREMENT \$ \_\_\_\_\_

VETERAN'S BENEFITS..... \$ \_\_\_\_\_ TEACHER'S PENSION ...\$ \_\_\_\_\_

OTHER PENSION.....\$ \_\_\_\_\_ FROM WHOM? \_\_\_\_\_

ANNUITY.....\$ \_\_\_\_\_ FROM WHOM? \_\_\_\_\_

DO YOU OWN REAL ESTATE? \_\_\_\_\_ APPROXIMATE VALUE\$ \_\_\_\_\_

DO YOU OWN STOCKS/BONDS/CD's? \_\_\_\_\_ APPROXIMATE VALUE\$ \_\_\_\_\_

DO YOU HAVE A WILL? YES \_\_\_ NO \_\_\_ IF SO, WHERE IS IT? \_\_\_\_\_

BANK ACCOUNTS:

NAME OF BANK	ADDRESS	ACCOUNT #	BALANCE
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE:

COMPANY	POLICY #	AMOUNT	BENEFICIARY
_____	_____	_____	_____
_____	_____	_____	_____

POWER OF ATTORNEY (IF ANY) HELD BY WHOM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

BURIAL ARRANGEMENT: CEMETERY \_\_\_\_\_ OWNER OF LOT \_\_\_\_\_

LOT # \_\_\_\_\_ HOLDER OF DEED \_\_\_\_\_

PERSON RESPONSIBLE FOR BURIAL ARRANGEMENTS \_\_\_\_\_

FUNERAL HOME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\*STATE AND FEDERAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, CREED, COLOR, NATIONAL ORIGIN, AGE, SEX, SEXUAL ORIENTATION, SPONSORSHIP IN ADMISSION, DISABILITY, BLINDNESS, MARITAL STATUS, OR SOURCE OF PAYMENT.