



5102 Parrish St. Ext.
Canandaigua, NY 14424
Serving the Spirit of Today's Seniors

APPLICATION FOR ADMISSION

Please respond to all questions as we cannot accept incomplete applications.
Use the spaces for co-residents only if you are applying as a couple.

DEMOGRAPHICS

Name: (Last) _____ (First) _____ (MI) _____

Name of co-applicant *if applicable*: _____

Current Address: Street _____

City _____ State _____ Zip _____

Telephone *with area code*: _____

Social Security No. : _____ Co-Applicant Social Security No. : _____

Marital Status: Married Single Divorced Widowed Separated Living as Married

Date of Birth (mm/dd/yyyy): _____ Co-Applicant *if applicable*: _____

Are you a Veteran?

Applicant: Yes, branch: _____ No Co-Applicant *if applicable*: Yes, branch: _____ No

Are you a United States Citizen?

Applicant: Yes No Co-Applicant *if applicable*: Yes No

CURRENT LIVING ARRANGEMENTS

Applicant(s) lives with: Alone Spouse Family/Friend *specify*: _____

Current Residence: Home for adults Private Home Assisted Living Facility

Enriched Housing Nursing Home Hospital Apartment Other *specify*: _____

Number of Years: _____

Ownership: Owns Rents Contributes No Obligations Other *specify*: _____

PERSONS TO NOTIFY FOR EMERGENCIES

1. Name: _____

Current Address: Street _____

City _____ State _____ Zip _____

Telephone: Home () _____ Work () _____ Cell () _____

2. Name: _____

Current Address: Street _____

City _____ State _____ Zip _____

Telephone: Home () _____ Work () _____ Cell () _____

3. Name: _____

Current Address: Street _____

City _____ State _____ Zip _____

Telephone: Home () _____ Work () _____ Cell () _____

POWER OF ATTORNEY if applicable and different from above

Name: _____

Current Address: Street _____

City _____ State _____ Zip _____

Telephone: Home () _____ Work () _____ Cell () _____

HEALTH CARE PROXY if applicable and different from above

Name: _____

Current Address: Street _____

City _____ State _____ Zip _____

Telephone: Home () _____ Work () _____ Cell () _____

Please provide a copy of POA, HCP, Living Will, and MOLST

FUNERAL ARRANGEMENTS

Name of Funeral Home: _____

Telephone *with area code*: _____

OCCUPATION what type of work, former or present

Applicant: _____ Co-Applicant *if applicable*: _____

Living Arrangements/Preferences

What kinds of activities does applicant enjoy (hobbies/interests)?

Apartment Desired: One Bedroom Two Bedrooms

Will you have a car? No Yes, make/model/color/license plate: _____

Renter's Insurance is HIGHLY recommended. Will you be having renter's insurance? Yes No

If yes, please provide name of insurance company: _____

MEDICAL INSURANCE INFORMATION

Medicare No.: _____

Part A Yes No

Part B Yes No

OTHER MEDICAL INSURANCE

Name: _____

Policy Number: _____

HEALTH

Please describe your general state of health and list any chronic illnesses/disabilities, *attach additional page if necessary*.

Primary Care Physician: _____

Applicant: _____

Co-Applicant *if applicable*: _____

Please check any physical impairments you have. *If applying with a co-applicant use both initials for all that apply.*

Hearing _____ Vision _____ Cognition _____

Speech _____ Transferring _____ Walking _____

Other *specify*: _____

Use of assistive devices or appliances *specify*:

Cane Oxygen Walker

Motorized Scooter 1/2 or 1/4 Bed Raiser

Other *specify*: _____

Self Care Status: Independent Need Assist *specify*: _____

Allergies: No Yes *specify*: _____

List any dietary restrictions or special meal requirements: _____

Do you have a Community Based DNR? *If yes, please provide a copy*

Applicant: Yes No Co-Applicant: Yes No

Do you need assistance with medication?

Applicant: Yes No Co-Applicant: Yes No

Are you receiving any services (Meals on Wheels, aide services, etc.)?

Applicant: Yes No Co-Applicant: Yes No

Please list any other health care providers with their address and telephone number:

Attach additional page if necessary.

Name: _____

Address: Street _____

City _____ State _____ Zip _____

Telephone: () _____

FINANCIAL INFORMATION

Regular Monthly Income:

Applicant

Co-Applicant

Social Security

\$

\$

Pension

\$

\$

Interest

\$

\$

Dividends

\$

\$

Mortgage / Rental Income

\$

\$

IRA Income

\$

\$

Trust Income

\$

\$

Veterans Benefit

\$

\$

Other Monthly Income

\$

\$

TOTAL MONTHLY INCOME

\$

\$

Capital Assets:

Applicant

Co-Applicant

Cash (checking & savings)

\$

\$

COD's, Money Market, etc

\$

\$

Stocks and Bonds

\$

\$

IRA's, Annuities, etc.

\$

\$

House

\$

\$

Other Real Estate

\$

\$

Life Insurance

\$

\$

Trust Fund

\$

\$

Other Assets

\$

\$

TOTAL ASSETS

\$

\$

Liabilities:

Applicant

Co-Applciant

Home Mortgage

Yes, \$

No

Yes, \$

No

Loan / Installment Payments

Yes, \$

No

Yes, \$

No

Other Liabilities:

Yes, \$

No

Yes, \$

No

\$

\$

\$

\$

TOTAL LIABILITIES

\$

\$

Plans for disposition of home(s) *if applicable*: _____

Description of Trust Funds *if applicable* — include date established, current assets, whether revocable or irrevocable, and any restrictions:

Has there been a transfer of financial assets (including but not limited to real estate) in the past 36 months?

Yes No

If yes, please explain and note date(s) or transfer(s): _____

Do you have a Durable Power of Attorney?

Applicant: Yes No Co-Applciant: Yes No

Do you have a legal guardian representative payee, or conservatorship in place or pending?

Applicant: Yes No Co-Applciant: Yes No

If yes, please explain: _____

It is understood that submission of an application does not create any entitlement to admission or mean that the applicant will be accepted or admitted.

Signature of Applicant:

_____ Date: _____

Signature of Co-Applicant:

_____ Date: _____

APPLICATIONS ARE ACCEPTED AND CONSIDERED WITHOUT REGARD TO RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, SPONSOR, ADVANCE DIRECTIVE, SEXUAL PREFERENCE, BLINDNESS OR OTHER HANDICAP; PERSONS UNDER 50 YEARS OF AGE ARE NOT ELIGIBLE FOR ADMISSION CONSIDERATION AS STATED IN NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES LAW PART 488.

Please return this application to:

Quail Summit
5102 Parrish Street Extension
Canandaigua, NY 14424