

Symphony Manor

Admission Application and Financial Disclosure Form

5539 Broadway Street

Lancaster, New York 14086

Telephone: 716-683-5150 FAX: 716-681-2202

Name of applicant: _____ Phone number: _____

Date of birth: ____ - ____ - ____ Age: ____

Social Security Number: ____ - ____ - ____ Gender: _____

Marital Status: _____ Spouse's Name: _____

Medicare Number Part A: _____ Part B: _____ HMO: _____

Blue Cross-Blue Shield Number: _____ Certificate Number: _____

Other HMO: _____

Religion: _____ Burial fund in place: yes ____ no ____

Former occupation: _____ Birthplace (city & state): _____

Home Address: _____

Street

City

County

State

Zip Code

Citizenship: _____ Are you a veteran/spouse: yes ____ no ____

To be notified in case of emergency:

Name: _____ Address: _____

Telephone #1: _____

Telephone #2: _____ Relationship: _____

Primary Care Dr.: _____ Telephone: _____

Address: _____

Present location of applicant if other than her/his home:

Hospital/Facility Name: _____

Address: _____

Street

City

Zip Code

Date of admission: _____ Reason for admission: _____

MONTHLY INCOME

Social Security income: \$ _____

Pension : \$ _____

Veterans Benefits : \$ _____

Other Income : \$ _____

Total Month Income : \$ _____

LIABILITIES

Mortgage/rent : \$ _____

Loan payments : \$ _____

Medical bills : \$ _____

Total Liabilities : \$ _____

ASSETS*

Bank: _____ Account Type: _____ Balance: _____

Bank: _____ Account Type: _____ Balance: _____

Bank: _____ Account Type: _____ Balance: _____

Life Insurance: Cash Value \$_____ Face Value \$_____

Other assets (house, automobile, securities, stocks, bonds, trusts, etc.) *

_____ \$ _____

_____ \$ _____

All funds transferred from the applicant for another person's use within the last three years

(36 months)

_____ \$ _____

_____ \$ _____

Any other benefits pending: _____

I, the applicant/responsible party, understand and agree that I will provide financial updates as required by Symphony Manor annually. At the time that I can no longer guarantee that the stated assets for residential expenses exist, I, the applicant/responsible party. Agree to submit the necessary financial information for the sole purpose of ensuring that, when Medicaid and/or SSI eligibility is met, Medicaid and/or SSI approval will take place. I hereby declare that I understand and agree fully with the terms of the above statement. I further declare that the statement of assets and monthly income levels are true to the best of my knowledge and belief.

X _____

(Signature of the person responsible for the payment, applicant or responsible party)

Date: _____

*Cards and other documentation must be available for copying prior to admission