**IROQUOIS NURSING HOME**
**4600 Southwood Heights Drive**
**Jamesville, NY 13078**
**Phone (315) 469-1300 Fax (315-469-5545)**

## APPLICATION FOR ADMISSION

**Please give ALL information requested on pages 1 and 2:** **Date ___/___/___**

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Name of Applicant_____
Last First Middle

**Is placement considered Short term _____ or Long term_____ (check one)**
Does Applicant have wandering _____ (yes or no) or aggressive behaviors____ (yes or no)?
-Please explain

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Home Address _____ Telephone No. _____
Street

_____
City State County Zip Code

Birth Date_____ Age_____ Sex _____ Citizenship _____
Marital Status: □ Single □Married □Widowed □Separated □Divorced
Name of Spouse _____ Spouse SS #_____
Present Location of Applicant (if other than home address) _____
Address_____
Street City State Zip Code
Former Residence in a Nursing Home or Adult Care Facility?: □Yes □No If so where_____
Do Not Resuscitate Order: □ Yes □ No Organ Donation: □ Yes □ No

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Social Security No. _____ Veteran: □Yes □ No Spouse Veteran: □ Yes □ No
Medicare No. _____ □ Part A □ Part B Effective Date _____
Medicaid Case No. _____ CIN No. _____ County _____
Effective Date _____ Pending Application/Date Submitted _____
Medical Insurance Name and No. _____ Insurance Prescription Card No. _____
Attending Physician _____
Address _____ Telephone No._____
Street City State Zip Code

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Funeral Home _____
Name Address Phone #

***please supply copies of all insurance cards***

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**Responsible Party:**

Name Address and Zip Code Home Phone Work Phone Relationship

_____

_____

Responsible Party: E-Mail Address _____Cell Phone No. _____

**Power of Attorney/Guardian)s)/Conservators**
(Attach copies of Power of Attorney, Guardianship and Conservator Court Orders)
Name_____ Telephone No._____
Address _____
Street City State Zip Code

**Applicant's Monthly Income:**

Salary ……$_____/month
Social Security ……$_____/month
Retirement Pension Name (Please Specify):_____$_____/month
Veteran's Pension ……$_____/month
Railroad Pension ……$_____/month
Supplementary Security Income……$_____/month
Other Monthly Income (Please Specify):_____$_____/month
Long Term Care Insurance _____
Company Policy #

**Applicant's Spouse's Monthly Income:**

Salary ……$_____/month
Social Security ……$_____/month
Retirement Pension Name (Please Specify):_____$_____/month
Veteran's Pension ……$_____/month
Railroad Pension ……$_____/month
Supplementary Security Income……$_____/month
Other Monthly Income (Please Specify):_____$_____/month
Long Term Care Insurance _____
Company Policy #

**Assets of Applicant and Applicant's Spouse:**

Name of Investment/Broker Accts _____ Present Value _____
Address of Investment/Broker Accts _____
Checking Account: Bank_____Account No._____ Amount _____
Bank_____Account No._____ Amount_____
Savings Account: Bank_____Account No._____ Amount_____
Bank_____Account No._____ Amount_____

Real Estate: □ Yes □ No
Name/Address of Trusts _____Date Trust Established _____
Beneficiaries _____Amount _____
Other Assets _____

**Liabilities of Applicant and Applicant's Spouse:**

Mortgage ……$_____/month
Credit Card Institution(s)_____Account No(s). _____
Other: Specify _____$_____/month

**BY SIGNING THIS APPLICATION, I AUTHORIZE THE FACILITY TO VERIFY WITH BANKS, EMPLOYERS, VETERAN'S ADMINISTRATION, SOCIAL SECURITY, MEDICAID, INSURANCE AND/OR OTHER INSTITUTIONS ACCURACY OF INFORMATION**

To the best of my knowledge all of the above information is correct and valid.

_____ _____
Signature of Applicant or Responsible Party ***(REQUIRED)*** Date

*Applications are accepted and considered without regard to race, creed, color, age, sex, religion, national origin, sponsor, sexual preference, blindness, or other handicap; persons under 16 years of age are not eligible for admission consideration as stated in New York State Public Health Law.*