

LeRoy Village Green Residential Healthcare Facility
10 Munson St
LeRoy, NY 14482
Phone: (585) 768-2561
Fax: (585) 768-4335

ADMSSION APPLICATION

This form must be completed and returned to the Admission Coordinator prior to consideration for admission.

I) Name of applicant: _____

Street: _____

City: _____ Zip: _____

Telephone: _____ Current location: _____

Birth date: _____ Gender: _____ Religion: _____

Social Security #: _____ Medicare #: _____

Medicaid #: _____ BC/BS #: _____

Other insurance: _____ Other insurance: _____

Marital status: _____ Spouse's name: _____

Mother's name: _____ Father's name: _____

Birthplace: _____ Citizenship: _____

Attending physician: _____ Funeral director: _____

Family/Responsible Party/POA: _____

Address: _____

Phone: (home) _____ (work) _____

Other family: _____

Address: _____

Phone: (home) _____ (work) _____

Other family: _____

Address: _____

Phone: (home) _____ (work) _____

FINANCIAL STATEMENT

II) Resources – Please list current dollar amounts to the nearest hundred.

A) ASSETS:

1) CHECKING ACCOUNTS:

Bank Name/Telephone #	Account #	Current Balance
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

2) SAVINGS ACCOUNTS:

A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

3) CERTIFICATES OF DEPOSIT:

A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

4) STOCKS, MUTUAL FUNDS AND BONDS:

NAME OF SECURITY	COMPANY /BROKER NAME & TELEPHONE NUMBER	# OF SHARES	CURRENT VALUE
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

5) INSURANCE POLICIES:

NAME OF COMPANY/AGENT TELEPHONE NUMBER	TYPE OF POLICY	CURRENT VALUE
A.		
B.		
C.		

6) REAL ESTATE ASSETS:

PROPERTY ADDRESS	CURRENT VALUE
A.	
B.	
C.	

7) OTHER ASSETS:

DESCRIPTION	CURRENT VALUE
A.	
B.	
C.	

8) ASSET TRANSFERS (Attach additional sheet, if necessary)

Explain any and all transfers of your Assets that you, your Power of Attorney or any other individual made on your behalf, within five (5) years of the date that you complete this application. ASSETS include, but are not limited to, cash, certificates of deposit, gifts, stocks, and bonds, real estate, collectibles, etc.

Asset Description	Date of Transaction	To Whom Transferred	Asset Value
a.			
b.			
c.			
d.			
e.			
f.			

B) MONTHLY INCOME:

	SOURCE	AMOUNT
<u>PENSION/RETIREMENT</u>		
<u>SOCIAL SECURITY</u>		
<u>OTHER: (RENTAL INCOME, ANNUITY PAYMENTS, TRUSTS, INTEREST OR DIVIDENDS FROM INVESTMENTS)</u>		

C) LIABILITIES: (MORTGAGE, CREDIT CARDS, LOANS, NOTES, TAXES, LIENS, OTHER DEBTS)

	PAYABLE TO	AMOUNT OWED
1)		
2)		
3)		
4)		
5)		
6)		

HAVE ANY TRUSTS BEEN CREATED BY THE APPLICANT IN THE PAST 60 MONTHS?
 IF YES, PLEASE PROVIDE DETAILS: _____

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

 SIGNATURE

 DATE

Federal and State law prohibit this facility from denying admission to anyone because of race, creed, age, color, blindness, national origin, disability, marital status, sponsor or sexual preference.