Application for Admission

STATE AND FEDERAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, CREED, SEX, SEXUAL PREFERENCE, AGE, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY OR SOURCE OF PAYMENT.

Applicants Name (Last, First, Middle)	Social Security Number	Today's Date

Current Address	City, State, Zip	Phone

Have you had any other addresses within the past three years? (If yes please list below) ☐ Yes ☐ No

Previous Address	City, State, Zip

Are you a US Citizen? **(If yes, skip the next question)** ☐ Yes ☐ No

Are you a Registered Alien**? (If yes, Alien Registration Number_______________)** ☐ Yes ☐ No

Are you a Resident of New York State? **(If No, State of Residency_____________)** ☐ Yes ☐ No

Length of Residency: In the United States: ____________ In your State of Residency: ____________

Date of Birth	Place of Birth	Marital Status	Spouse's Name (Last, First Middle)

Spouse's Date of Birth	Is Spouse living or deceased?	If deceased, Date of Death

Primary/Emergency Contact:

Name (Last, First, M.)	Address (#, Street, City, State, Zip)

H	( )	W	( )	C	( )
Phone Numbers					

		☐ Yes ☐ No
Relation to Applicant	E-mail Address	Power of Attorney?

Financial Contact:

Name (Last, First, M.)	Address (#, Street, City, State, Zip)

H	( )	W	( )	C	( )
Phone Numbers					

		☐ Yes ☐ No
Relation to Applicant	E-mail Address	Power of Attorney?

Insurance Information

Please attach copies of all insurance ID Cards (Front & Back)

Medicare Number	Part A Effective Date	Part B Effective Date	Part D Effective Date

Has Applicant been hospitalized and or placed in a skilled nursing facility within the last 60 days? **(If yes, please complete the requested information below).** ☐ Yes ☐ No

Facility	Admission Date	Discharge Date	Contact	Phone

Medicaid Number	County of Eligibility

Has a Medicaid Application Been Filed? **(If yes, please provide the requested information)** ☐ Yes ☐ No

Date Filed	Contact Person	Phone Number

Does Applicant have any other Insurance Coverage? **(If yes, Please provide the requested information)** ☐ Yes ☐ No

Payer Name	Policy Number	ID Number	Contact/Phone

Financial Information

Please attach copies of most recent Investment Account and/or Bank Account Statements that were in existence over the past 36 months, even if currently closed

Is this a joint account? ☐ Y ☐ N

Bank Name/Address	Contact/Phone	Account Number	Account Type	Account Balance

Is this a joint account? ☐ Y ☐ N

Bank Name/Address	Contact/Phone	Account Number	Account Type	Account Balance

Is this a joint account? ☐ Y ☐ N

Bank Name/Address	Contact/Phone	Account Number	Account Type	Account Balance

Were there any transfers of cash from any bank account over the past 36 months for which you did not receive fair consideration in return, i.e. a gift? ☐ Y ☐ N

If yes, please explain:

Income

Please provide copy of budget letter, check or other similar document
Please indicate source of income: Pension/Annuity/Dividend/Interest/Trust

Source	Payer	Contact/Phone	ID/Account Number	Amount
Social Security	SSA			$
Pension				$
				$
				$
				$

Do you have any other sources of income not listed above (compensation, rental, royalty, etc?) ☐ Yes ☐ No

Resources

Do you own real property (home, summer home, cottage, timeshare, etc?) If yes please provide the requested information ☐ Yes ☐ No

Description	Location	Value
		$
		$

Have you or your spouse given away any cash or sold/transferred any real estate, personal property, or income in the past 36 months? ☐ Yes ☐ No

If yes, please explain:

Have you or your spouse ever created a trust or transferred any assets into a trust within the past 60 months? ☐ Yes ☐ No

If yes, please explain:

Do you or your spouse have an interest in an annuity other than an IRA or "Qualified" employer plan? ☐ Yes ☐ No

If yes, please explain:

Are you or your spouse a party to a Personal Services Contract? ☐ Yes ☐ No

If yes, please explain:

Do you have any life insurance policies? (If yes, please provide the requested information) ☐ Yes ☐ No

Carrier	Contact/Phone	Address	Beneficiary	Cash Value
				$
				$

Do you have a pre-planned burial arrangement? If yes, please provide the information below: ☐ Yes ☐ No

Funeral Home	Address	Contact	Phone

Have you ever retained the services of an elder care attorney? (If yes, please provide the name, address and phone number of your attorney) ☐ Yes ☐ No

Name	Address	Phone

Why are you seeking placement in Victoria Home at this time?

How did you hear about Victoria Home?

Certification

I understand that Victoria Home is making a decision to admit the applicant and relying in part, on the information provided in this application and that the information provided is true and accurate and there are no omissions of any material facts that would impact that decision.

Signature	Date