

Heather Heights of Pittsford, Inc.
160 West Jefferson Road, Pittsford, New York 14534
Phone: (585) 264-1600 Fax: (585) 264-1010

APPLICATION FOR ADMISSION

Instructions: Please complete all information and return to us as soon as possible. There is no financial obligations made as a result of filling out this application.

1. Personal Data

Name: _____ Sex: _____ F _____ M

Address: _____ Phone: _____

_____ Date of Birth: _____ - _____ - _____

Place of Birth: _____ U.S. Citizen _____ yes _____ no*

*If no, Proof of Citizenship required and Admissions Department will make copy for file.

Marital Status: _____ Single _____ Married _____ Divorced _____ Widow(er)

Maiden Name: _____ Spouse's Name: _____

Social Security Number _____ - _____ - _____ Religion: _____

Veteran _____ yes _____ no Years/War Served _____

Spouse a Veteran _____ yes _____ no Years/War Served _____

Applicant's Current Location: _____
(If different from above)

2. Personal Arrangements

Attending Physician _____ Phone _____

Address: _____

Will this physician be responsible for your care while at the Facility? _____ yes _____ no

3. Personal Contact

Power of Attorney or Responsible Party (Upon admission, a current copy of Power of Attorney designation is required.)

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

e-mail Address: _____

4. Health Insurance

Carrier: _____ Policy#: _____ Group#: _____

Medicare Number: _____ Effective Date: _____

Medicaid Number: _____ Effective Date: _____

Case Number: _____ County: _____

Other Medical Insurance _____

Prescription Card Number _____

5. Financial Information

All information is confidential. List only applicant resources.

a. <u>Applicant's monthly income</u>	\$ _____
Social Security	\$ _____
Retirement Pension (source and amount)	\$ _____
Annuities, Dividends, interests	\$ _____
Total	\$ _____

b. Real Estate (if owned individually, joint names or as tenants in common, so indicate).

#1 Address _____

#2 Address _____

Manner of ownership: _____ Individual

_____ Joint (list name) _____

_____ Other: _____

Value of Property: \$ _____

c. Bank Deposits

Name of Bank(s)	Current Balance

d. Stocks and Bonds

Name of Corporation or Issuer of Bonds	Owner	Number of Bonds or Shares of Stock	Value

e. Life Insurance Policies

Company Name	Policy Number	Owner	Beneficiary	Cash Value

6. Signatures

Resident: _____ Date: _____

Responsible Party: _____ Date: _____

Reviewed By: _____ Date: _____

PLEASE BE ADVISED THAT PAYMENT IS DUE UPON ADMISSION TO OUR FACILITY AS FOLLOWS: 1) Admissions prior to the 15th of the month: one month; 2) Admissions after the 15th of the month: balance of month, plus one month.