

SENECA HILL MANOR, INC

**20 Manor Drive
Oswego, NY 13126**

APPLICATION FOR ADMISSION

Please give **ALL** information requested: Date _____

Name of Applicant _____

Last First Middle

Home Address _____ Telephone No. _____

Street

City State County Zip Code

Birthdate _____ Age _____ Sex _____ Citizenship _____

Birthplace _____ Religion _____

Marital Status: Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

Name of Spouse _____ Spouse SS# _____ No. of Living Children _____

Present/Former Occupation _____

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

Name of Residence _____ Dates _____

Resident Covered Under Medicare Part A? Yes No Dates of Coverage from _____ to _____

Services of a Home Health Care Agency: Yes No Agency Name _____

Services Provided _____ Dates _____

Return to Present Residence if Nursing Home Care is no longer needed: Possible Not Possible

Comment: _____

Living Will: Yes No Health Care Proxy: Yes No Do Not Resuscitate Order: Yes No

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 _____

Blue Cross Certificate No. _____ Group No. _____ Class/Type _____

Blue Shield Certificate No. _____ Group No. _____ Class/Type _____

Other Medical Insurance No. _____ Insurance Prescription Card No. _____

Specify Policy Holder _____

Attending Physician _____

Address _____ Telephone No. _____

Street City State Zip Code

Accommodation Desired: Private Room Semi-Private Room

Persons to be Notified in Case of Emergency:

Name	Address and Zip Code	Home Telephone	Work Telephone	Relationship
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Funeral Home _____

Name Address Telephone No.

Power of Attorney/Guardian(s)/Conservators:(Attach copies of Power of Attorney, Guardianship, and Conservatorship Court Orders)

Name _____ Telephone No. _____

Address _____

Street City State Zip Code

Name _____ Telephone No. _____

Address _____

Street City State Zip Code

Monthly Income of Applicant

Salary _____ Social Security _____

Retirement Pension _____ Pension No. _____

Name/Address Where Check Issued _____

Veteran's Pension _____ Pension No. _____

Name/Address Where Check Issued _____

Railroad Pension _____ Pension No. _____

Name/Address Where Check Issued _____

Supplementary Security Income _____

Other Monthly Income _____

Assets

Name/Address of Stocks/Stock Funds _____ Present Value _____

Name/Address of Bonds _____ Present Value _____

Checking Account: Bank _____ Account No. _____ Amount _____

Bank _____ Account No. _____ Amount _____

Savings Account: Bank _____ Account No. _____ Amount _____

Bank _____ Account No. _____ Amount _____

Real Estate: Yes No Address (es) _____

How owned? Individually Joint Tenant (Name/Address of Other Tenant) _____

Trust (Name/Address of Trustee) _____

Insurance Policies: Yes No Insurance Co. Name _____ Face Value _____

Burial Account: Yes No

Name/Address of Trusts _____ Date Trust Established _____

Beneficiaries _____ Amount _____

Other Assets _____

Liabilities

Promissory Notes _____ Amount _____

How Held _____

Mortgage Institution (s) _____ Account No. _____ Amount _____

Name and Address _____ Co-Debtor Yes No

Credit Card Institution (s) _____ Account No. _____ Amount _____

Name and Address _____ Co-Debtor Yes No

Other: Specify _____ Amount _____

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

Signature of Applicant (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.