

Palatine Nursing Home 154 Lafayette Street Palatine Bridge, NY 13428 (518)673-5212

“Where it feels like home and you are treated like family.”

Application for Admission

SECTION 1. – GENERAL INFORMATION

Date: _____

Applicant’s Name: Last: _____ First: _____ Initial: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Additional Phone: (_____) _____

Date of Birth : _____ SSN: _____ Marital Status: () Single () Married () Widowed () Divorced

Applicant’s Current Location (if different from home address): _____

Person Completing the Application : _____

Relationship to Applicant: _____

Home Telephone: (_____) _____ Other Telephone: (_____) _____

Status: () Power of Attorney () Guardian () HCP

Emergency Contacts

Name: _____ Relationship: _____

Address: _____ Telephone #: _____

Work #: _____ Other #: _____

Name: _____ Relationship: _____

Address: _____ Telephone #: _____

Work #: _____ Other #: _____

Burial Account:

Responsible Party for Planning: _____

Address: _____ Telephone #: _____

Funeral Home: _____ Address: _____ Telephone # _____

SECTION 2. - HEALTH INSURANCE INFORMATION

Medicare #: _____ Medicare Part: ()A ()B ()C ()D

Medicaid #: _____ Application Pending: ()Y ()N

Date Submitted: _____ County: _____

Medical Insurance: _____

Long Term Care Insurance: _____

Primary Care Physician: _____ Telephone Number: _____

Financial Disclosure

<u>Income</u>	<u>Monthly Amount</u>
Social Security	\$ _____
Retirement Pension	\$ _____
Veteran's Pension	\$ _____
Supplementary	\$ _____
Security Income	\$ _____
Annuities	\$ _____
Other Income (please specify)	\$ _____
Total Monthly Income	\$ _____

Bank Accounts: Savings / Checking / Certificates of Deposit

<u>Name of Bank</u>	<u>Account #</u>	<u>Balance</u>	<u>Joint Account</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE COMPLETE AND RETURN TO THE DIRECTOR OF ADMISSIONS