



Willow Point

Broome County

Rehabilitation & Nursing Center

Application for Admission

Full Name: _____

Present Location: _____

Home Address: _____

Birth date: _____ Sex _____ Marital Status: _____

Social Security#: _____ Physician: _____

Veteran: ___ Yes ___ No Veteran's Spouse: ___ Yes ___ No

Is admission intended for a _____ short stay or a _____ long stay?

Funeral Home: _____

Contact Person(s):

1. Name: _____ Relationship: _____

(Address)

(Home Phone)

(Work Phone)

2. Name: _____ Relationship: _____

(Address)

(Home Phone)

(Work Phone)

Person responsible for individual's funds: _____

This person is (please check all that apply):

Power of Attorney _____ Health Care Proxy _____ Conservator _____

Person responsible for financial transactions _____

Has Medicaid application been made? _____ Yes _____ No Date: _____

Medical Insurance Coverage:

Medicare#: _____ Part A: _____ Part B: _____

Medicaid#: _____

BC/BS Identification#: _____ Group#: _____

Other Insurance: _____

Life Insurance? _____ Yes _____ No Company: _____

Bank Accounts (if married, include spouse's and joint accounts):

	Bank	Account#	Balance
Savings	_____	_____	\$ _____
Checking	_____	_____	\$ _____
Other	_____	_____	\$ _____
Other	_____	_____	\$ _____

Assets (List type and amount, include spouse's and joint accounts):

Investments: _____

Real Estate: _____

Monthly Income (if married, include spouse's income):

Social Security: \$ _____
Pension: \$ _____
Veteran's Benefits: \$ _____
Other: \$ _____

According to the best of my knowledge and belief, this information is accurate and true in all respects. I understand the facility may check my bank references and credit history, and I authorize this action. All of this information will be kept strictly confidential.

Date (Signature of individual referred)

Date (Signature of responsible party)

Federal and State law prohibit skilled nursing facilities from discrimination in admission, retention, and care of patients or residents on the basis of race, creed, color, national origin, sex, age, marital status, sponsor, handicap, or sexual preference.