

Application for Admission

Crest Manor Living & Rehabilitation Center, Inc.

6745 Pittsford – Palmyra Road
Fairport, New York 14450
(585) 223-3633



Federal and state law prohibit this facility from denying admission to anyone because of race, creed, color, national origin, age, sex, sexual preference, marital status or disability.

Introduction

Thank you for your interest in Crest Manor. We are dedicated to the highest standards of quality care, designed to allow each of our residents to attain or maintain his or her highest practicable level of physical, mental, psychological and social well-being.

Admission Process

It is our policy to admit selectively those applicants considered by our staff to be medically and socially appropriate for placement at Crest Manor and who are financially able to pay for the expenses of care as they come due.

Our admission process requires disclosure of the prospective resident's general background information, medical history and condition, financial history, and current income, assets and liabilities. We are relying on the accuracy of the information prospective residents and their families provide to us when we make our admission decision.

This application must be completed by the prospective resident or by a person who has been designated as the prospective resident's agent (also known as an "attorney-in-fact") under a currently in-force power of attorney, or has been appointed guardian for the prospective resident. The agent or guardian must have personal knowledge of the prospective resident's personal and financial affairs. If the prospective resident does not have an agent or guardian, he or she should appoint one now, as this is a pre-condition for admission to Crest Manor in any event.

Financial Arrangements

If the prospective resident is accepted for admission to Crest Manor, the resident (or agent) will be required to sign an admission and financial agreement, and a recertification of the accuracy of the information contained in this application. The admission and financial agreement includes a significant financial obligation to Crest Manor, which should be carefully read and understood.

In addition, a person qualified and able to serve as the prospective resident's "Responsible Party" will be required to sign an agreement to provide payment to Crest Manor from the prospective resident's income and resources. The Responsible Party may be the prospective resident's agent, and must have knowledge of and access to the prospective resident's financial resources. Although the Responsible Party is not a third party guarantor of payment, and does not incur personal liability for payment from the Responsible Party's own resources, he or she does accept a significant personal legal obligation to Crest Manor.

At the time of admission, payment in advance for a month of care is required. Thereafter, Crest Manor's charges are payable monthly in advance. Once admitted, the resident and the Responsible Party will have the obligation to make timely payment of Crest Manor's charges. Their careful management and use of the resident's assets should ensure that funds are preserved and available for this purpose. In many cases, we may suggest or require that particular management or trust arrangements for the resident's assets be established.

If the resident's remaining resources become insufficient to continue private payment for his or her care for a period beyond four additional months, the Responsible Party or other family members should make application for assistance to the appropriate county's Medicaid administrative unit (typically, the Monroe County Department of Human Services, the Wayne County Department of Social Services, or the Ontario County Social Services Department). An application for Medicaid assistance is not made by Crest Manor.

General Information

Prospective Resident's Name: _____
Last *First* *Middle*

Full Address: _____ Zip Code: _____

County: _____ Phone: (_____) _____ E-mail: _____

Social Security Number: _____

Medicare Number: _____ Medicaid Number: _____

Health Insurance company names; policy type and numbers: _____

Birthdate: ____ / ____ / ____ Gender: _____ Marital Status: _____

Religion: _____ Church/Synagogue/Mosque: _____

Primary Care Physician: _____ Phone: (_____) _____

Funeral Home: _____

Hospital: _____ Hospital Admission Date: ____ / ____ / ____

Hospital of Choice: _____

Nursing Home/Skilled Rehabilitation Admission in the past year: Yes No

Nursing Home: _____ Nursing Home Admission: ____ / ____ / ____

Special Diet Needs: _____

Current Smoker: Yes No Smoking history: _____

Power of Attorney: Yes No

Agent's Name: _____

Full Address: _____ Zip Code: _____

Relationship: _____ Phone: (_____) _____ E-mail: _____

Health Care Proxy: Yes No

Agent's Name: _____

Full Address: _____ Zip Code: _____

Relationship: _____ Phone: (_____) _____ E-mail: _____

Legal Counsel: Yes No

Firm

Attorney

Do you have a will? Yes No If yes, name of executor: _____

Others to Notify:

1. Name: _____ Power of Attorney Health Care Proxy

Full Address: _____ Zip Code: _____

Relationship: _____ Phone: (____) _____ E-mail: _____

2. Name: _____ Power of Attorney Health Care Proxy

Full Address: _____ Zip Code: _____

Relationship: _____ Phone: (____) _____ E-mail: _____

3. Name: _____ Power of Attorney Health Care Proxy

Full Address: _____ Zip Code: _____

Relationship: _____ Phone: (____) _____ E-mail: _____

Expected Length of Stay:

____ Long Term ____ Short Term ____ Respite

Please note that New York State requires a PRI and Screen to accompany application.

Prospective Resident’s Financial Disclosure and Certification

Your financial disclosure is an important part of the admission process. The financial information you provide will be kept confidential to Crest Manor. Crest Manor relies on your complete and accurate disclosure of this financial information in making our admission decision.

Following our review of your disclosure, you may be asked to provide additional information, and documentation verifying the data you have provided to us.

Income

Please list your current sources and amounts of income. If you receive any amounts jointly with others, list the names of such joint recipients.

	Monthly Amount	Source (payor name or company)	Recipient (self; or names of any joint owners)
Social Security			
Pensions			
Other Retirement Income			
IRA Distributions			
Interest			
Dividends			
Annuity Payments			
Real Estate Income (e.g., rentals, mortgages)			
Alimony/maintenance			
Other Income			

Assets and Liabilities

Please list all your assets and liabilities, including the value/amount and a description. If any assets and liabilities are jointly owned with others, please list the names of the joint owners.

Assets	Description/Account Number	Joint name(s)	\$ Amount
Cash on Hand			
Checking Accounts			
Savings Accounts			
Real Estate Owned			
Marketable Securities (Stocks, Bonds, Mutual Funds)			
IRAs, 401k, Other Retirement Accounts			
Non-Marketable Securities			
Other Business Interests			
Partial Interest in Real Estate Equities\			
Life Insurance (Cash Value) (List All Policies)			
Personal Property			
Other Assets: Itemize			
Total Assets			

Liabilities	Description/Account Number	Joint name(s)	\$ Amount
Real Estate Mortgages			
Notes Payable to Banks: Secured			
Notes Payable to Banks: Unsecured			
Amounts Payable to Others: Secured			
Life Insurance Policy Loans			
Amounts Payable to Others: Unsecured			
Accounts and Bills Due: Itemize			
Unpaid Income Tax			
Other Unpaid Taxes and Interest			
Other Debts: Itemize			
Hospital			
Doctors			
Others			
Total Assets			

Transfers of Assets and Gifts

List each transfer of assets and gifts made in an amount greater than \$250 from the resident's name to others or into joint names within the last five years.

Date	Name and Address of Recipient	\$ Amount

Contingent Liabilities

Are you an endorser, co-maker or guarantor on a loan to others? Yes No

Are you a signatory on a lease or contract? Yes No

Are there any legal claims pending against you? Yes No

Are there any tax liens or other liens against you? Yes No

Have you ever filed for bankruptcy? Yes No Date: _____ Court: _____

If you answered "yes" to any of the foregoing questions, explain the circumstances including the amount at issue and identify all persons or entities involved:

I, the undersigned prospective resident, certify to Crest Manor Living & Rehabilitation Center, Inc. that all pages of this admission application have been carefully read and understood. All information, including my financial disclosure, is true, accurate and complete.

Witness

Prospective Resident

Date

(OR)

Witness

Agent for Prospective Resident

Date