



BROTHERS OF MERCY SACRED HEART ADULT HOME

4520 Ransom Road • Clarence, NY 14031

Phone (716) 759-2644 • FAX (716) 759-6433 • Website: BrothersOfMercy.org

Application for Admission

Please answer all questions. Please print.

Date _____

Name _____ Social Security Number _____

Present Address _____

How long have you lived at this address? _____ Phone number (____) _____

Permanent address _____

How long have you been at this address? _____ County _____

Present age _____ Date of birth _____ Place of birth _____

Are you a veteran? Yes No Are you a USA citizen? Yes No

If you are *not* a USA citizen, please explain _____

Is the applicant currently confined to a hospital or nursing home? Yes No

If so, what was the date of admission? _____

Reason for admission _____

Name of facility _____

Medicare Number _____ Effective date _____

Medicaid Number _____ Effective date _____

Other health insurance information _____

_____ Group No. _____ Plan No. _____

Prescription drug plan? Yes No Carrier _____ Group No. _____

Do you have long-term care insurance? Yes No Type _____

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Marital status Married Single Widowed Divorced Separated

Name of spouse _____

Father's full name _____ Mother's name _____

Your occupation _____ Spouse's _____ Last employed date _____

Education Elementary Secondary Trade School College Graduate

List all children (including adopted); include addresses, telephone numbers, and email addresses.

Please list brothers, sisters and/or other close relatives _____

Who is the person who will be your representative or can assist in managing your affairs should you be unable to?

Name _____ Telephone _____

Street _____ City _____ State _____ Zip _____

Email _____ Does this person have Power of Attorney? Yes No

Who do you wish to have Power of Attorney? _____

Attorney's name _____ Attorney's phone _____

Attorney's address _____

Do you have a will? Yes No If so, where is it filed? _____

Do you have a Living Will? Yes No Have funds been set aside for burial? Yes No

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What are your wishes for burial? _____

Funeral director _____ Cemetery _____

Individuals to be notified in case of an emergency

Name _____ Relationship _____ Phone _____

Address _____ Work phone _____

Name _____ Relationship _____ Phone _____

Address _____ Work Phone _____

Is anyone available to assist with transportation, such as medical transportation? Yes No

If so, who is available? Name _____ Phone _____

Religion _____ Church membership _____

Church address _____ Pastor/clergy _____

How did you learn about the Sacred Heart Adult Home? _____

Were you referred to the Sacred Heart Home? Yes No If so, by whom? _____

Room preference: Private Semi-Private Suite

Day by which you would like to enter the Brothers of Mercy Sacred Heart Adult Home _____

Please list any special interests or hobbies _____

Medical Information

Current physician _____ Physician's phone _____

Office address _____

Will you continue with this physician? Yes No Hospital affiliation _____

Do you wish to see the Sacred Heart Adult Home staff physician? Yes No

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Please list other health care providers

Name _____ Phone _____

Name _____ Phone _____

When were you last hospitalized? _____ Reason _____

Have you ever had psychiatric care? Yes No If so, why? _____

Please list you current medications _____

Please list any medication allergies _____

Please list any food allergies _____

Date of last chest X-ray _____ Why was the X-ray done? _____

Please list any special dietary needs _____

Do you smoke? Yes No If so, how many packs per day do you smoke? _____

Do you have a Health Care Proxy? Yes No Do you have a DNR? Yes No

Please Note...

The Brothers of Mercy Sacred Heart Adult Home has a one-time admission fee, chargeable at the time of acceptance. The one-time, non-refundable fee is \$1500.00.

It is the policy of the Brothers of Mercy Sacred Heart Adult Home to be a smoke-free environment. Therefore, visitors, residents, and staff are not permitted to smoke in our facility.

Applications are considered and accepted without regard to race, creed, color, age, religion, national origin, sponsor, sexual preference, blindness or other handicap.

All information included in this application will be held in confidence.

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Financial Disclosure

Please state the amount of the following

\$ _____ Social Security per month
\$ _____ Pension per month Type of pension _____
\$ _____ Investment income
\$ _____ Other income Please describe _____
\$ _____ **Total monthly income**

Please list value of resources

\$ _____ Savings account* Bank _____
\$ _____ Savings account* Bank _____
\$ _____ Checking Account* Bank _____
\$ _____ Securities _____
\$ _____ Real estate value Location _____
\$ _____ Insurance policy* Company _____
\$ _____ Insurance policy* Company _____
\$ _____ Other List asset and value _____

Do you have a safe deposit box? Yes No If so, where is it? _____

Who holds the key to the safe deposit box? _____

**Note: photocopies of savings accounts, checking account, and insurance policies must accompany this application. Copies may be made at the Brothers of Mercy Sacred Heart Adult Home*

I believe the above to be true to the best of my ability and wish to make an application to the Brothers of Mercy Sacred Heart Adult Home.

Signature

Date