

The Women's Christian Association

WCA Home
134 Temple Street
Fredonia NY 14063

www.wcahome.org
Phone (716) 672-7961
Fax (716) 672-3496

ADMISSION APPLICATION

Please complete ALL of the following information: Date _____

Applicant's Name _____
(Last) (First) (Middle)

Home Address _____ Social Security# _____
_____ Phone Number _____

Birth date _____ Age _____ Place of Birth _____ US Citizen? _____

My occupation has been _____

Religious affiliation _____ I have been attending _____ church

My hobbies and interests are _____

How did you find out about us?

Marital status _____ Spouse's name _____ Number of living children _____

Are you a veteran? _____ Spouse a veteran? _____ Spouse's address _____

Name of person(s) to be notified in case of emergency _____

Address _____ Phone _____

Do you wear or use:

Eyeglasses Hearing Aid Cane Walker Other Do you smoke? _____

Dentures: Full Set Upper Only Lower Only Partial Plate

Do you require a special diet? If yes, explain _____

Most recent date of admission to hospital or nursing home (if applicable) _____

Reason for admission to above _____

Applicant's attending physician _____

“Where Over 100 Years’ Experience Equals Quality Care”

APPLICATION FINANCIAL REPORT

(ALL INFORMATION IS CONSIDERED CONFIDENTIAL)

Power of Attorney and or person responsible for bill at agreed upon rate:

Name _____ Phone _____

Address _____

Monthly Income of Applicant:

Does applicant receive SSI _____ If no, please supply copy of Letter of Denial.

Social Security or Disability \$ _____

(Describe in Section 1.)

Pensions (Retirement, Railroad, Veterans) \$ _____

(Describe in Section 1.)

Other Income (Rental, Interest, Dividends/Annuities, IRA, 401(k), Etc.) (Describe in Section 1.)

\$ _____

Assets: (Use back for additional information.)

*Savings Accounts Bank _____ Amount \$ _____

Bank _____ Amount \$ _____

*Checking Account Bank _____ Amount \$ _____

*Other (CD's, Money Market Fund, Trusts): _____ Amount \$ _____

*Stocks/Bonds (including Series E Bonds) _____ Amount \$ _____

(Describe in Section 3.)

*Liabilities (Credit card debt or other debts?) _____ Amount \$ _____

(Describe in Section 2 and 7.)

****Please provide a copy of current statements for above.***

Life Insurance Policies _____ Cash Surrender Value \$ _____

(Describe in Section 8.)

Is there a loan on the life insurance policies? _____ \$ _____

Does the applicant have a Long Term Health Care Insurance policy? (If yes, please describe) _____

_____ Certificate # _____ Group# _____ Class/Type _____

Other medical or prescription insurance _____

Medicare # _____ Part A _____ Effective Date _____

Medicare # _____ Part B _____ Effective Date _____

At the time of application, is there any real estate owned by the resident? Yes _____ No _____
If yes, please answer the following: (Describe in Section 4 and Section 6.)

Do you own your own home? Yes or No

Is this home on the market? Yes or No

Address of real estate:

Assessed Value of Property \$ _____
copy of property tax for the last 5 years.

Commercial Property: Y or N

Is it on the market? Y or N

Realtor Name _____

Phone Number _____

Commercial Property: Y or N

Is it on the market? Y or N

Realtor Name _____

Phone Number _____

Are there any liens, judgments' or back taxes on either property _____
(Describe in Section 6.)

If yes, amount and which property? _____

Have there been any sales or transfer of property or funds within the last 60 months? Yes _____ No _____

If yes, give details:

(Transferred to whom, date, etc.)

Living Trusts: Yes or No If yes: Attorney's Name _____

Address _____

Phone Number _____

AUTHORIZATION:

All financial information provided to this facility is complete and correct. I authorize this facility to verify my bank references and credit history. I agree to notify the WCA Home should there be any changes in my financial situation. I also understand this information will be kept confidential. In addition, I agree to be subject to an annual review of my financial statement and shall provide all necessary and relevant documents as requested by the WCA Home.

Signature of Applicant or Responsible Party (REQUIRED)

Date

Section 1. Source of Income

Salary \$ _____
Net Investment Income \$ _____
Real Estate Income \$ _____
Other Income \$ _____

Alimony need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Description of Other Income in Section 1:

Section 2. Notes Payable to Banks or Others

Name and Address of Noteholder(s) _____

Original Balance \$ _____
Current Balance \$ _____
Payment Amount \$ _____
Monthly, annual? _____
How secured or endorsed (type of collateral): _____

Section 3. Stocks and Bonds (Use attachment if necessary.)

Number of Shares _____	Number of Shares _____
Name of Securities _____	Name of Securities _____
Cost \$ _____	Cost \$ _____
Market Value \$ _____	Market Value \$ _____
Date of Market Value _____	Date of Market Value _____
Total Value \$ _____	Total Value \$ _____

Section 4. Real Estate Owned (List each parcel separately. Use attachment if necessary.)

Type of Property _____	Type of Property _____
Address _____	Address _____
Date Purchased _____	Date Purchased _____
Original Cost \$ _____	Original Cost \$ _____
Present Market Value \$ _____	Present Market Value \$ _____
Name & Address of Mortgage Holder: _____ _____ _____	_____ _____ _____
Mortgage Account Number _____	Mortgage Account Number _____
Mortgage Balance \$ _____	Mortgage Balance \$ _____
Monthly Payment \$ _____	Monthly Payment \$ _____
Status of Mortgage _____	Status of Mortgage _____

Section 5. Other Personal Property and Other Assets: (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes: (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any a tax lien attaches.)

Section 7. Other Liabilities: (Describe in detail.)

Section 8. Life Insurance Held: (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

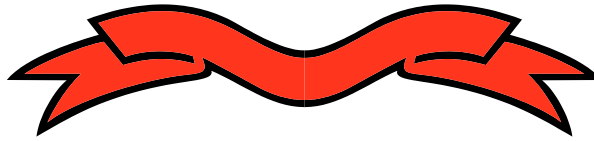
I agree to the current payment arrangements of the WCA Home. In the event that I am unable to pay my monthly fees out of my income and have outlived my liquid assets and have real property waiting to be sold, I agree to give the WCA Home a collateral security mortgage in the real property. I agree to pay the legal expenses (including filing fees and mortgage taxes) involved with a collateral security mortgage to be recorded in the county clerk's office in Mayville, NY.

Signature of Applicant or Responsible Party (REQUIRED)

Date

"The Nursing Home Alternative"

The perfect balance of Security, Privacy and Companionship



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