

*Application for Admission*



**WCA Home**  
*Affordable Elegance in Assisted Living*

134 Temple St  
Fredonia, NY 14063

Phone: (716) 672-7961  
Fax: (716) 672-3496



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**Liabilities (credit card debt(s) )**

Creditor Name \_\_\_\_\_ Amount \_\_\_\_\_

Creditor Name \_\_\_\_\_ Amount \_\_\_\_\_

Creditor Name \_\_\_\_\_ Amount \_\_\_\_\_

***BANK STATEMENTS MUST BE ATTACHED FOR VERIFICATION OF ASSETS***

Have any assets been transferred in the last 60 months? Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has an Estate Trust been established? Yes  No

If yes, please provide copy.

In your estimation, the individual will be private pay for what length of time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION**

**Everything stated in this application is true and correct to the best of my knowledge. I also understand that WCA Home considers this application as a continuing statement of financial condition and I agree to notify the facility in writing of any substantial change in the above financial condition. All of this information will be kept strictly confidential.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_

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Tour Date: \_\_\_\_\_  
Assessment Date: \_\_\_\_\_

## APPLICATION FOR ADMISSION

### GENERAL INFORMATION

How did you hear about our facility? \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Most Recent Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Medicare # \_\_\_\_\_ Part A  Part B  Medicaid # \_\_\_\_\_

Medicare Part D Plan Name and # \_\_\_\_\_

HMO/Secondary Insurance \_\_\_\_\_

Health Insurance Plan/Policy # \_\_\_\_\_

Long Term Care Insurance Plan/Policy # \_\_\_\_\_ Phone# \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status: \_\_\_\_\_ Church Affiliation \_\_\_\_\_ Pastor \_\_\_\_\_

### SOCIAL HISTORY

Where and with whom had the individual been living? For how long? \_\_\_\_\_

Where had the individual lived most of adult life? \_\_\_\_\_

Former Occupation? \_\_\_\_\_

U.S Citizen Yes  No

If foreign born, age and circumstances under which came to U.S. \_\_\_\_\_

Languages spoken and understood \_\_\_\_\_

Number of children \_\_\_\_\_

List children's names \_\_\_\_\_

### PERSON REPRESENTING APPLICANT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Business # \_\_\_\_\_

### NAME OF APPOINTED GUARDIAN OR POWER OF ATTORNEY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Business # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Business # \_\_\_\_\_

### NAME OF PERSON HANDLING FINANCIAL AFFAIRS

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Business # \_\_\_\_\_

### FINANCIAL INFORMATION

Medicaid Application Pending: Yes  No  If Yes, date submitted: \_\_\_\_\_

#### Income

#### Monthly Amount

Social Security Check	\$ _____
Retirement Pension	\$ _____
Veteran's Pension	\$ _____
Railroad Pension	\$ _____
Annuities	\$ _____
Other Income	\$ _____

#### TOTAL MONTHLY INCOME

\$ \_\_\_\_\_

#### Cash Assets

Checking Account:

Bank \_\_\_\_\_  
Balance \_\_\_\_\_ Joint Account: Yes  No

Savings Account (s)

1. Bank \_\_\_\_\_  
Balance \_\_\_\_\_ Joint Account: Yes  No

2. Bank \_\_\_\_\_  
Balance \_\_\_\_\_ Joint Account: Yes  No

#### Real Estate Assests

Does the individual own a home? Yes  No

Joint Ownership? Yes  No

Certificates of Deposit (CD) Yes  No

Bank/Financial Institution \_\_\_\_\_

#### Securities

Does the individual have stocks and bonds? Yes  No

Approximate value of all securities: \$ \_\_\_\_\_

#### Life Insurance Cash Value

Does the individual have life insurance policies with cash value? Yes  No

Approximate amount of cash value: \$ \_\_\_\_\_