

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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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 _____

Does Applicant Smoke? Yes No If no, did they ever smoke? Yes No

If Yes, when did they quit? _____

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

Did the individual sell a home? Yes No

If Yes please give date of sale _____ and amount \$ _____

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: \$ _____

Liabilities (credit card debt(s))

Creditor Name _____ **Amount** _____

Creditor Name _____ **Amount** _____

Creditor Name _____ **Amount** _____

BANK STATEMENTS MUST BE ATTACHED FOR VERIFICATION OF ASSESTS

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.

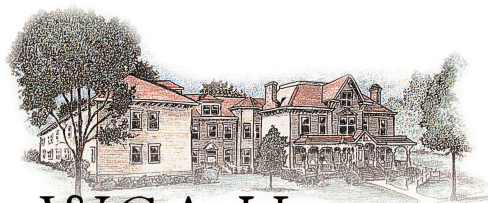
In your estimation, the individual will be private pay for what length of time? _____

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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