

**Orchard Heights, Inc.**  
**5200 Chestnut Ridge Road, Orchard Park, New York 14127**  
**Phone: (716) 662- 0651      Fax: (716) 662- 3870**

## APPLICATION FOR ADMISSION

*Instructions: Please complete all information and return to us as soon as possible. There are no financial obligations made as a result of filling out this application.*

### 1. Personal Data

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ F \_\_\_\_\_ M

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth: \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ yes \_\_\_\_\_ no\*

\*If no, Proof of Citizenship required and Admissions Department will make copy for file.

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er)

Maiden Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Religion: \_\_\_\_\_

Veteran \_\_\_\_\_ yes \_\_\_\_\_ no      Years/War Served \_\_\_\_\_

Spouse of a Veteran \_\_\_\_\_ yes \_\_\_\_\_ no      Years/War Served \_\_\_\_\_

Long Term Care Insurance: \_\_\_\_\_ yes \_\_\_\_\_ no

Applicant's Current Location:

\_\_\_\_\_  
(If different from above)

### 2. Personal Arrangements

Attending Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Will this physician be responsible for your care while at the Facility? \_\_\_\_\_ yes \_\_\_\_\_ no

### 3. Personal Contact

Power of Attorney or Responsible Party (Upon admission, a current copy of Power of Attorney designation is required.)

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

### 4. Health Insurance

Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Case Number: \_\_\_\_\_ County: \_\_\_\_\_

Other Medical Insurance \_\_\_\_\_

Prescription Card Number \_\_\_\_\_

### 5. Financial Information

All information is confidential. List only applicant resources.

- a. Applicant's monthly income \$ \_\_\_\_\_ Social Security  
\$ \_\_\_\_\_  
Retirement Pension (source and amount) \$ \_\_\_\_\_  
Annuities, Dividends, interests \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

- b. Real Estate (if owned individually, joint names or as tenants in common, so indicate).

#1 Address \_\_\_\_\_

#2 Address \_\_\_\_\_

Manner of ownership: \_\_\_\_\_ Individual

\_\_\_\_\_ Joint (list name) \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_

c. Bank Deposits

Name of Bank(s)	Current Balance

d. Stocks, Bonds, and Annuities

Name of Corporation or Issuer of Bonds	Owner	Number of Bonds or Shares of Stock	Value

e. Life Insurance Policies

Company Name	Policy Number	Owner	Beneficiary	Cash Value

**6. Signatures**

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BE ADVISED THAT PAYMENT IS DUE UPON ADMISSION TO OUR FACILITY AS FOLLOWS: 1) Admissions prior to the 15<sup>th</sup> of the month: one month; 2) Admissions after the 15<sup>th</sup> of the month: balance of month, plus one month.**