

**White Oaks Rehab & Nursing  
ADMISSION APPLICATION**

Date      /      /     

Name of Applicant \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Birth Date      /      /      Sex : Male Female Religion \_\_\_\_\_

SS# \_\_\_\_\_ Medicare # \_\_\_\_\_ Medicaid # \_\_\_\_\_

Dates of Prior Nursing Home Stay \_\_\_\_\_

Numbers of Medicare Days Used \_\_\_\_\_ Physicians Name \_\_\_\_\_

Address \_\_\_\_\_ Phone #( ) \_\_\_\_\_

Patient Now At \_\_\_\_\_ Date Admitted There      /      /     

Address \_\_\_\_\_ Phone #( ) \_\_\_\_\_

**DESIGNATED REPRESENTATIVE**

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Home# \_\_\_\_\_ Bus# \_\_\_\_\_

Health Care Proxy: YES NO Power of Attorney: YES NO

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Bus# \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

**MEDICARE:** Number \_\_\_\_\_ Suffix: \_\_\_\_\_

SUPPLEMENTAL: YES NO Contract # \_\_\_\_\_ Certificate# \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Effective Date      /      /     

Does applicant have any other Long Term care Insurance? YES NO If yes, please specify:

Name of Insurance Co. \_\_\_\_\_ Group \_\_\_\_\_

Address \_\_\_\_\_ Policy# \_\_\_\_\_

**MEDICAID:** Has Medicaid applied for? YES NO  
Type? Community OR Nursing Home

Name of Worker \_\_\_\_\_ County \_\_\_\_\_ Phone#( ) \_\_\_\_\_

Medicaid No. \_\_\_\_\_ Seq. \_\_\_\_\_ Date of Approval      /      /

**FINANCIAL INFORMATION**

Will Resident pay privately? YES NO If yes, total amount available \_\_\_\_\_

Social Security/Railroad Benefits \$ \_\_\_\_\_ Veterans Benefits \$ \_\_\_\_\_

Pension Benefits \$ \_\_\_\_\_ Company Name of Pension \_\_\_\_\_

Any other source of income? Annuities \_\_\_\_\_ Stocks \_\_\_\_\_ Bonds \_\_\_\_\_ Dividends \_\_\_\_\_ Other \_\_\_\_\_

If yes, give source and monthly dividend for each \_\_\_\_\_

If Jointly Owned: Name /Address/Telephone No. Of Joint Owner \_\_\_\_\_

Type of Account		Name of Bank	Amount	Account
Checking:	Joint: Yes No			
Savings:	Joint: Yes No			
CDs:	Joint: Yes No			
Trusts:	Joint: Yes No			
Money Mkt:	Joint: Yes No			

Who holds Bank Book(s)? Name: \_\_\_\_\_

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

Do you own property? (House, Condo, etc.) Yes No Location \_\_\_\_\_

Value \_\_\_\_\_ Joint owner's \_\_\_\_\_ Address \_\_\_\_\_

Has there been any transfer of funds or property within the past 5 years? Yes No

If yes ,please explain \_\_\_\_\_

Does Applicant receive rental income? Yes No Amount \$ \_\_\_\_\_

**LIFE INSURANCE POLICIES**

Company or society \_\_\_\_\_ Policy No. \_\_\_\_\_

Cash value \_\_\_\_\_ Beneficiary \_\_\_\_\_

Who holds policies? \_\_\_\_\_

Address \_\_\_\_\_

**LEGAL AUTHORIZATION**

Person(s) to be notified in case of emergency: \_\_\_\_\_

Power of Attorney : Name \_\_\_\_\_ Date \_\_\_\_\_

Conservatorship/Guardianship: Name \_\_\_\_\_

Who will be responsible for paying monthly bills on the first of each month?

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

Address \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Applicant or Responsible Party \_\_\_\_\_

*White Oaks Rehab & Nursing prohibits discrimination base on race, creed, color, national origin, sex, sexual preferences. age. handicap, martial or veteran status, or source of payments as contained in New York State and Federal laws.*