



ADMISSIONS OFFICE
400 NORTH MAIN
WARSAW, NY 14569
P. (585)786-8940 EXT. 4706
F. (585)786-1223
HSTACK@WCCHS.NET

Application for Admission

Name: _____

Phone Number: _____

Address: _____

Applicant's Current Location: _____

DOB: _____ Social Security Number: _____

Spouse Phone Number: _____

Name of Spouse: _____

Name of Primary Contact: _____

Primary Contact Phone Number: _____

Is Contact: Power of Attorney? Y/N Health Care Proxy? Y/N

Do you have these documents in place:

Health Care Proxy Y/N

Power of Attorney Y/N

Living Will Y/N

MOLST Y/N

(Please provide copies of these forms)

Have you been in another
Nursing Facility in the last year?

Y / N

Primary Physician: _____

If yes:

Other Physicians: _____

When: _____

Where: _____

Health Insurance Information:

Primary Insurance:		Member ID#:	
Secondary Insurance:		Member ID#:	
Tertiary Insurance:		Member ID#:	
Long Term Care Insurance:			

Have you applied for Long Term Medicaid? Y / N

I acknowledge that the information provided will be relied upon in making a decision regarding admission.

Signature of Applicant _____ Date: _____

Signature of Applicant
Representative _____ Date: _____

Applications are accepted and considered without regard to source of payments, race, creed, color, age, sex, marital status, religion, national origin, sponsor, sexual preference, blindness, or other handicap; persons under 16 years of age are not eligible for admission consideration as stated in New York State Public Health Law.

Financial Resources:

Monthly Income:	Applicant:	Spouse:
Salary:		
Social Security:		
Retirement Pension:		
Veteran's Pension:		
Other Income:		
Total:		

Do you have these types of Assets?

Real Estate? Y / N Approximate Value _____

Life insurance policy? Y / N Approximate Value _____

Pre-paid funeral or an irrevocable funeral trust? Y / N

Checking Account? Y / N Approximate Value _____

Bank Name _____

Savings Account? Y / N Approximate Value _____

Bank Name _____

Other Assets? Y / N

Specify _____ Approximate Value _____

Have you transferred any assets worth over \$5,000.00 in the last 60 months? Y / N

Please Explain:

Did you receive fair market value for the item(s)? Y / N

I acknowledge that all information given is true to my knowledge and I understand that it will be used in making a decision regarding admission.

Signature _____ **Date** _____