McHARRIE Life SENIOR COMMUNITY

Check level of care you are applying for

_____ Syracuse Home at McHARRIE Place Health and Rehabilitation _____ McHARRIE Pointe Assisted Living _____ Sage Court at McHarrie Pointe

Applicant Name: _____ Social Security #: _____

Date of Birth: _____

Marital Status: (circle one) Single Married Widowed Divorced Legally Separated

Current Address: _____

Address City State Zip

County: _____ Home Phone #: _____

Present Location: _____

Primary Care Physician: _____

Health Insurance Coverage: (Provide copies of cards for all that apply)

Medicare: Part A: Yes / No Part B: Yes / No Medicare Advantage: Yes / No

Medicare #: _____

Medicaid: Community: Yes / No Long Term Care: Yes / No

Applying Date (if you do not have either yet): _____

County: _____ Case Worker: _____

Medicaid #: _____

Effective Date: _____

Medicare Supplemental Insurance: _____

Address: _____

Policy #: _____

Medicare D Prescription Plan: _____

Name: _____ Policy #: _____

Address:

LTC Policy

Name: _____ Policy #: _____

Address: _____

Emergency Contacts/Advance Directives: (Provide copies of any Advance Directives)

Name: _____	Name: _____
Address: _____	Address: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Power of Attorney: Yes / No	Power of Attorney: Yes / No
Health Care Proxy: Yes / No	Health Care Proxy: Yes / No
DNR Yes / No	MOLST Yes / No

Please complete the following concerning your financial situation with accuracy, rounded to the nearest hundred dollars.

		Applicant	Spouse
Income:	Total Monthly Pension	$_____	$_____
	Monthly Social Security	$_____	$_____
	Monthly Interest Income	$_____	$_____
	Monthly Dividend Income	$_____	$_____
	Monthly Investment Property (Rent)	$_____	$_____
	VA Benefits	$_____	$_____
	Other	$_____	$_____
Income:	Savings Accounts	$_____	$_____
	Checking Accounts	$_____	$_____
	Stocks / CD's / Bonds	$_____	$_____
	Personal Home (Assessed Value)	$_____	$_____
	Other Real Estate	$_____	$_____
	IRA's	$_____	$_____
	Various Tax Shelters	$_____	$_____
	Cash Value Life Insurance	$_____	$_____
	Automobile / Motor Home	$_____	$_____
	Other	$_____	$_____
Total amount of all Assets:		$_____	$_____

Revocable Trust Yes / No **Irrevocable Trust** Yes / No **Burial Trust** Yes / No **Funeral Home**_____

Transfer of assets & gifts within the last Five Years, values at $2000 or more, including home:

Assets Transferred	$ Amount / Value	Date of Transfer	Receiver Name

You may be asked to provide copies of bank and/or investment account statements to verify assets; the first two pages of your most recent IRS form 1040; the interest and dividend schedule from your most recent income tax return, or records of gifts in excess of $2000 made within the last five years. The McHarrieLife Senior Community reserves the right to conduct credit checks.

Important Notice: McHarrieLife relies on the information disclosed in this profile in making decisions regarding admission. If you are unable to pay for the cost of care because you give away (divest) income or assets (legal or otherwise), you may be discharged if you are unable to pay for services. As a prospective resident, you should be aware that public funding of your stay is NOT guaranteed. That decision is made by the Department of Social Services (DSS) and not by McHarrieLife.

I attest that the information reported on this is true and accurate. I understand that the McHarrieLife is entitled to rely on the information disclosed on this profile in making decisions regarding admission. I agree to advise the McHarrieLife of any changes to the asset, liability or income information supplied on this form prior to or after admission.

Unless otherwise stated, this application may be shared with any of our McHarrieLife Community affiliates.

Applicant Signature: _____ Date: _____

Person Completing Form: _____ Date: _____

Submitting an application does not guarantee admission nor does it mean that an applicant will be automatically placed on a waiting list. Payment is only offered after an application is fully reviewed by the Admissions Committee and is approved for admission.

STATE AND FEDERAL LAWS PROHIBIT DISCRIMINATION IN ADMISSION, RETENTION AND CARE OF RESIDENTS ON THE BASIS OF RACE, CREED, COLOR, BLINDNESS, MARITAL STATUR, PHYSICAL HANDICAP, NATIONAL ORIGIN, SEX, SEXUAL PREFERENCE OR SPONSOR.

McHARRIE Pointe
ASSISTED LIVING

ASSISTED LIVING APPLICATION ADDENDUM

INSTRUCTIONS: *Please complete all information and return to us as soon as possible with application deposit and preceding pages 1 & 2 of the application.*

Medical Condition

Does the applicant smoke? □ Yes □ No: if yes, how much?_____

Please check YES or NO for the following questions:

Walks unassisted:	□ Yes	□ No	Uses Walker	□ Yes	□ No
Uses cane:	□ Yes	□ No	Uses wheelchair:	□ Yes	□ No
Dentures:	□ Yes	□ No	Glasses:	□ Yes	□ No

Does the applicant require assistance with any of the following needs?

Eating:	□ Yes	□ No	Dressing:	□ Yes	□ No
Bathing	□ Yes	□ No	Incontinent:	□ Yes	□ No
Oxygen	□ Yes	□ No	(bowel_____ bladder_____or both_____)		
Special Diet	□ Yes	□ No	If yes, please specify diet: _____		

_____

Has the applicant exhibited the following behavior:

Memory Loss:	□ Yes	□ No	Confusion:	□ Yes	□ No
Verbal Disruption:	□ Yes	□ No	Physical Disruption:	□ Yes	□ No
Hallucination:	□ Yes	□ No	Delusions:	□ Yes	□ No
Depression:	□ Yes	□ No	Other: _____		

_____

6. Personal/Social Information

Veteran/ Spouse of a surviving veteran**:** □ Yes □ No Years of service: _____

Hobbies: _____

_____

Personal Interests: _____

_____

Food Likes:_____

Food Dislikes:_____

Additional Comments/Concerns: _____

_____

Addendum completed by: _____

***A deposit of $1,000 must accompany your application for it to be considered complete and to demonstrate your interest in the waiting pool. The deposit is fully refundable at any time if you change your mind or an offer for admission is not extended. Once admitted to our program, this fee is applied to the one-time community fee.**