

Application for Admission

M.M. Ewing Continuing Care Center

APPLICANT INFORMATION

Name _____
LAST FIRST MIDDLE INITIAL

Social Security # _____

Address _____

City _____ State ____ ZIP _____

Phone _____

Date of Birth _____ Age ____ Male Female Religious Preference _____

Marital Status: Single Married Widow Divorced Separated

Spouse: _____
LAST FIRST MIDDLE INITIAL

If deceased, spouse's date of death _____

PRIMARY CARE PHYSICIAN

If applicant is currently hospitalized or has been hospitalized within the last 30 days, list below:

HOSPITAL _____ ADMISSION DATE _____ DISCHARGE DATE _____

If applicant has had a previous skilled-nursing facility stay within the past year, please list the location and time frame below:

FACILITY _____ ADMISSION DATE _____ DISCHARGE DATE _____

350 Parrish St., Canandaigua, NY 14424
Phone: (585) 396-6021 | Fax: (585) 396-6026
Email: ccc.admissions@thompsonhealth.com



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MEDICINE

THOMPSON
HEALTH

Application for Admission

M.M. Ewing Continuing Care Center

HEALTH INSURANCE

Please provide copies of all insurance cards with the application.

MEDICARE INFORMATION Medicare number _____ Part A Part B

OTHER INSURANCE (e.g. Blue Choice, MVP, United Health) Plan name and number _____

MEDICAID Medicaid number _____ County _____

Caseworker name _____ Caseworker phone _____

PRESCRIPTION COVERAGE Plan name and number _____

LONG TERM CARE INSURANCE Plan name and number _____

Contact name _____ Phone _____

CONTACT INFORMATION

Primary Contact

Is contact Power of Attorney? Yes No

Is contact Health Care Proxy? Yes No

Name _____ Relationship _____

LAST

FIRST

MIDDLE INITIAL

Address _____

City _____ State _____ ZIP _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

Email Address _____

Designated Representative

Is contact Power of Attorney? Yes No Check here if it's the same as Primary Contact

Is contact Health Care Proxy? Yes No

Name _____ Relationship _____

LAST

FIRST

MIDDLE INITIAL

Address _____

City _____ State _____ ZIP _____

Home Phone (____) _____ Work (____) _____ Cell (____) _____

FINANCIAL INFORMATION

PERSONAL FINANCIAL STATEMENT

MONTHLY INCOME SOURCE	APPLICANT	SPOUSE	TOTAL
Social Security	_____	_____	_____
SSI (Social Security Supplemental Income)	_____	_____	_____
Pension/Retirement	_____	_____	_____
Veterans Benefits	_____	_____	_____
Interest/Dividends/Annuity Income	_____	_____	_____
Other	_____	_____	_____
Total Monthly Income	_____	_____	_____

MONTHLY EXPENSE	APPLICANT	SPOUSE	TOTAL
Health Insurance Premiums	_____	_____	_____
Mortgage	_____	_____	_____
Other	_____	_____	_____
Total Monthly Expense	_____	_____	_____

Does the applicant have a financial adviser/attorney? Yes No
 Name _____ Phone _____

Has the applicant or spouse established and funded a trust? Yes No
 Date trust was established _____ Value of trust _____ Date of last transaction _____

Has applicant transferred any assets in past 60 months (i.e., money, stock, real estate)? Yes No
 Describe transfer _____ Date of transfer _____ Value of transfer _____

Liquid Assets owned by applicant and/or spouse

ASSETS	DESCRIPTION	NAME(S) ON ASSETS	CURRENT VALUE
Savings Account	_____	_____	_____
Checking Account	_____	_____	_____
Retirement Account	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Other Assets	_____	_____	_____
Life Insurance	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life	_____	_____

TOTAL ASSETS _____

Funeral Arrangements Does the applicant have prepaid funeral arrangements Yes No

Name and location of funeral home: _____

Phone: _____

Real Estate Property

ADDRESS	NAME(S) ON PROPERTY	CURRENT VALUE
_____	_____	_____
_____	_____	_____

Is there a spouse, disabled adult or child living in the home? Yes No

Current Liabilities (mortgages, taxes, loans and other debts)

NAME OF LIABILITY	OUTSTANDING BALANCE
_____	_____
_____	_____

THE RESIDENT AND/OR THE RESIDENT'S FINANCIAL GUARANTOR IS RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MEDICARE OR OTHER INSURANCE CARRIERS

State and federal laws prohibit discrimination in admission, retention and care of residents on the basis of race, creed, color blindness, marital status, disability, national origin, sex, sexual preference, source of payment, sponsorship, or age.

I declare (pursuant to 28 U.S.C. Section 1746) under penalty of perjury that the foregoing is true and correct, and I certify that all information on this application is accurate, true and complete.

Applicant's Signature _____ Date _____

Designated Representative _____ Date _____



NOTICE TO SENIOR CITIZENS: RESIDENTIAL LEASE TERMINATION

SECTION 227-a OF THE REAL PROPERTY LAW OF THE STATE OF NEW YORK ALLOWS FOR THE TERMINATION OF A RESIDENTIAL LEASE BY SENIOR CITIZENS MOVING TO A RESIDENCE OF A FAMILY MEMBER OR ENTERING CERTAIN HEALTH CARE FACILITIES, ADULT CARE FACILITIES OR HOUSING PROJECTS.

Who is eligible?

Any lessee or tenant who is age sixty-two or older or who will attain such age during the term of the lease or rental agreement, or a spouse of such person residing with him or her.

What kind of facilities does this law apply to?

- A. An adult care facility;
- B. A residential health care facility;
- C. Subsidized low income housing;
- D. Senior citizen housing; or
- E. A residence of a family member.

What are the responsibilities of the rental property owner?

When the tenant gives notice of his or her opportunity to move into one of the above facilities the landlord must allow:

- A. For the termination of the lease or rental agreement, and
- B. The release of the tenant from any liability to pay rent or other payments in lieu of rent from the termination of the lease in accordance with section 227-a of the real property law, to the time of the original termination date, and
- C. To adjust any payments made in advance or payments which have accrued by the terms of such lease or rental agreement.

How do you terminate the lease?

If the tenant can move into one of the specified facilities, her or she must terminate the lease or agreement in writing no earlier than thirty days after the date on which the next rental payment (after the notice is delivered) is due and payable. The notice is deemed delivered five days after being mailed. The written notice must include documentation of admission or pending admission to one of the above mentioned facilities.

For example: Mail the notice: May 5th

Notice received: May 10th

Next rental payment due: June 1st

Termination effective: July 1st

Will the landlord face penalties if he or she does not comply?

Yes, according to section 227-a of the real property law, if anyone interferes with the removal of your property from the premises they will be guilty of a misdemeanor and will be either imprisoned for up to one year or fined up to \$1000.00 or both.