

BAYBERRY CARE CENTER

Forty Keogh Lane
New Rochelle, NY 10805
Tel (914) 636-6200 Fax (914) 636-5125

Leonard Russ, Administrator

Terry Congionti, Asst. Administrator

LONG TERM CARE PRE-ADMISSION INFORMATION

RESIDENT INFORMATION DATE: _____

RESIDENT NAME: _____ TELEPHONE #: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

MARITAL STATUS: SINGLE _____ MARRIED _____ WIDOWED _____ SEPARATED _____ DIVORCED _____

RESIDENT'S PRESENT LOCATION: _____

CONTACT: _____ TELEPHONE #: _____

PRIMARY PHYSICIAN: _____ TELEPHONE #: _____

HEALTH CARE PROXY _____ LIVING WILL _____ POWER OF ATTORNEY _____

RESIDENT'S REPRESENTATIVE(S)

(1) NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ HOME# _____ WORK _____

FAX # _____ CELL _____ PAGER _____ E-MAIL _____

STATUS: POWER OF ATTORNEY _____ GUARDIAN _____ HANDLING FINANCIAL TRANSACTIONS _____

(2) NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ HOME# _____ WORK _____

FAX # _____ CELL _____ PAGER _____ E-MAIL _____

STATUS: POWER OF ATTORNEY _____ GUARDIAN _____ HANDLING FINANCIAL TRANSACTIONS _____

INSURANCE: SOCIAL SECURITY # _____ MEDICARE # _____

MEDICAL: PRIMARY _____ SECONDARY _____

LONG-TERM CARE: _____ PRESCRIPTION _____

MEDICAID APPLICATION: APPROVED _____ MEDICAID # _____ NOT APPLICABLE _____

PENDING _____ DATE SUBMITTED _____ COUNTY: _____

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FINANCIAL DISCLOSURE (THIS INFORMATION IS CONFIDENTIAL)

RESIDENT NAME: _____

MONTHLY INCOME:

SOCIAL SECURITY	\$	_____
RETIREMENT PENSION	\$	_____
OTHER PENSION(S)	\$	_____
ANNUITIES	\$	_____
INTEREST & DIVIDENDS	\$	_____
OTHER INCOME	\$	_____
<u>TOTAL MONTHLY INCOME</u>	\$	_____

ASSETS

CHECKING ACCOUNT

Bank _____ Current Balance \$ _____ Joint Account? No ___ Yes ___ If Yes, with whom? _____

SAVING ACCOUNT(S)

Bank _____ Current Balance \$ _____ Joint Account? No ___ Yes ___ If Yes, with whom? _____

Bank _____ Current Balance \$ _____ Joint Account? No ___ Yes ___ If Yes, with whom? _____

CERTIFICATE OF DEPOSITS

Financial Institution _____ Current Balance \$ _____ Joint Account? No ___ Yes ___ If Yes, with whom? _____

SECURITY ACCOUNT(S)

Financial Institution _____ Current Balance \$ _____ Joint Account? No ___ Yes ___ If Yes, with whom? _____

Financial Institution _____ Current Balance \$ _____ Joint Account? No ___ Yes ___ If Yes, with whom? _____

OTHER ASSETS (PLEASE LIST)

_____ \$ _____
_____ \$ _____

DOES THE RESIDENT OWN A HOME? NO ___ YES ___ IF YES, ESTIMATED VALUE: \$ _____

IS THE HOME JOINTLY OWNED? NO ___ YES ___ IF YES, WITH WHOM? _____

HAVE ANY ASSETS BEEN TRANSFERRED FROM THE RESIDENT TO OTHERS IN THE LAST 60 MONTHS? NO ___ YES ___

IF YES, PLEASE DESCRIBE: _____

HAS A TRUST BEEN ESTABLISHED? NO ___ YES ___ IF YES, PLEASE PROVIDE A COPY.

APPLICANT SHOULD PROVIDE COPIES OF 5 YEARS OF FEDERAL INCOME TAX RETURNS AND/OR OTHER SUPPORTING FINANCIAL DOCUMENTATION.

TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION PROVIDED HEREIN IS CORRECT, VALID, ACCURATE AND IN CONFORMANCE WITH ALL APPLICABLE FEDERAL AND STATE LAWS.

SIGNATURE OF RESIDENT OR RESPONSIBLE PARTY _____ DATE _____

THE INFORMATION PROVIDED SHALL REMAIN CONFIDENTIAL AND SHALL BE MADE AVAILABLE ONLY TO AUTHORIZED HOSPITAL AND NURSING HOME PERSONNEL INVOLVED IN THE PLACEMENT PROCESS AND TO ANY GOVERNMENTAL OFFICIALS AUTHORIZED ACCESS BY LAW TO SUCH RECORDS.

BAYBERRY NURSING HOME DOES NOT DISCRIMINATE IN ADMISSION, RETENTION AND CARE OF RESIDENTS BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, RELIGION, SEXUAL PREFERENCE, HANDICAP, DISABILITY, AGE, MARITAL STATUS OR SOURCE OF PAYMENT. PERSONS UNDER 16 YEARS OF AGE ARE NOT ELIGIBLE FOR ADMISSION CONSIDERATION, UNLESS SPECIAL APPROVAL HAS BEEN RECEIVED FROM THE DEPARTMENT OF HEALTH.