

Somers Manor Nursing Home

Admission Application & Financial Disclosure

(PLEASE PRINT)

Date: _____
Resident's Name _____ Age _____ Sex _____
Resident's Address _____ Telephone # _____
_____ Race _____
Date of Birth _____ Place of Birth _____ Citizen Yes No
If Alien, Registration # _____ Language _____
Marital Status (Please circle one) Single Married Widowed Divorced
Maiden Name _____ Date of Marriage _____ Name of Spouse _____
Religion _____ Former Occupation _____ Retired/Date _____
Community Physician _____ Hospital Preference _____

The following physicians have admitting privileges to SMNH. (Please circle one of the following as primary physician.)

Putnam Hospital Center Dr. P. Lebwohl
Northern Westchester Hospital Center Dr. M. Healy Dr. E. Terranova Geriatric Services

Primary Contact (please print) Name _____ Address _____ Telephone Number _____ Cell Phone Number _____ Work Number _____ Fax Number _____ E-Mail Address _____ Relationship to Resident _____ Discuss Financial Matters with Yes No	Alternate Contact (please print) Name _____ Address _____ Telephone Number _____ Cell Phone Number _____ Work Number _____ Fax Number _____ E-Mail Address _____ Relationship to Resident _____ Discuss Financial Matters with Yes No
--	--

Residential History (5 years prior to entry)

Prior stay at Somers Manor	YES	NO
Stay in other Nursing Home	YES	NO
Other Residential Facility	YES	NO
Adult Home	YES	NO
Assisted Living	YES	NO
Group Home	YES	NO
MH/Psychiatric setting	YES	NO
MR/DD Setting	YES	NO
None of the Above	_____	

If any residential history is "yes" please provide Name, Address and telephone # and dates(s) of stay

Name _____
Address _____
Telephone # _____
Date(s) of Stay _____

Does the resident have any Advance Directives?

Health Care Proxy	YES	NO
Living Will	YES	NO
Do Not Resuscitate (DNR)	YES	NO
Power of Attorney	YES	NO

Burial Arrangement: Does the resident have pre-arranged burial arrangements? YES NO

Funeral Home Information Name _____
Address _____
Telephone _____
Cemetery Information Name _____
Address _____

Cremation? YES NO Organ Donation? YES NO

**Financial Disclosure
(Confidential)**

INCOME	Monthly Amount		Monthly Amount
Social Security	\$ _____	Supplementary Security	\$ _____
Retirement Pension	\$ _____	Annuities	\$ _____
Veteran's Pension	\$ _____	Other Income	\$ _____
Railroad Pension	\$ _____	TOTAL INCOME	\$ _____

ASSETS

Savings Account – Joint? YES NO	Savings Account – Joint? YES NO
Bank Name _____	Bank Name _____
Balance _____	Balance _____

Does the resident own a home? YES NO Is the home jointly owned? YES NO

If yes, estimated value _____

OTHER ASSETS	AMOUNT	OTHER ASSETS	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Have any assets been transferred from the applicant to others in the last 36 months? YES NO

If yes, please describe _____

Medicare # _____ **Medical Insurance#** _____

Med Part D YES NO **Carrier/#** _____

Other Pharmacy Insurance/# _____

Medicaid Status

County _____

Pending YES NO If pending, date submitted _____
Month / Day / Year

Approved YES NO If approved, Medicaid # _____
Application Denied YES NO If yes, reason _____

Department of Social Service Case Worker's Name _____

Department of Social Service Case Worker's Telephone # _____

How did you hear about Somers Manor? _____

To the best of my knowledge all of the information provided herein is correct and valid. I have been informed that the resident's name will be included in the facility directory?

Signature _____ Relationship to Resident _____ Date _____

Rev 10/06

The information provided shall remain confidential and shall be made available only to authorized hospital and nursing home personnel involved in the admission process. Somers Manor Nursing Home, Inc. abides by the HIPAA privacy act. State and Federal laws prohibit discrimination and SMNH does not discriminate in the admission, retention and care of Residents based on race, creed, color, age, sex, national origin, disability, marital status, sexual preference, and blindness, source of payment or sponsor.