Southern Tier Meadows
4883 West Main Road · Fredonia, NY 14063 · (716) 679-4883 · Fax (716) 679-4881

ADMISSION APPLICATION

Please answer all questions as accurately as possible.

PERSONAL DATA

Name _____ Phone _____
Last First MI

Current Address _____
Street City State Zip

Facility Name (if any) _____

How long have you lived at above address _____

Home Address _____
(if different from above) Street City State Zip

Date of Birth _____ Sex ☐ M ☐ F Birthplace _____

American citizen ☐ Yes ☐ No

Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced

Name of spouse (even if deceased) _____

Date of spouse's: Birth _____ Death _____ Marriage _____ Divorce _____

List nearest relatives:

Name _____ Relationship _____ Home Phone _____

Address _____ Business or Cell Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Business or Cell Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Business or Cell Phone _____

What has been your occupation? _____

Were you ever in the U.S. Armed Services? ☐ Yes ☐ No Spouse? ☐ Yes ☐ No

Dates? _____

Attending Physician Name _____

Address _____ Phone _____

FINANCIAL SECTION – Please do not leave spaces blank – enter 0 where appropriate.

Please state monthly income:

Social Security _____ Interest _____

Pensions _____ Other _____

SSI _____ VA _____

Please list value of resources:

Bank Savings Account _____ Securities _____

Checking Account _____ Real Estate _____

Monthly Income _____ Life Insurance _____

Burial Fund _____ Other _____

Remarks _____

_____

STATISTICAL SECTION

Medicaid ☐ Yes ☐ No Medicaid Number _____ Effective Date _____

Social Services Office _____ Case Worker _____

Address _____

Social Security Number _____

Medicare Number _____

Medicare A - Effective Date _____ Medicare B - Effective Date _____

Hospital Insurance ☐ Yes ☐ No If yes, Company Name _____

Policy Number _____

Who shall be notified in case of an emergency, serious illness or death?

Name _____ Relationship _____ Home Phone _____

Address _____ Business or Cell Phone _____

Name _____ Relationship _____ Home Phone _____

Address _____ Business or Cell Phone _____

Funeral Home

Name _____ Phone _____

Address _____

Do you have a burial lot? ☐ Yes ☐ No Cemetery _____

Lot # _____ Address _____

SOCIAL DATA

Present living arrangement? ☐ Alone ☐ Spouse ☐ Others _____

Do you care for yourself without assistance ☐ Yes ☐ No

Do you wear glasses? ☐ Yes ☐ No Hear Aid? ☐ Yes ☐ No Other _____

Do you need the assistance of crutches, cane, wheelchair, etc.? ☐ Yes ☐ No

If so, specify _____

Do you prepare your own meals? ☐ Yes ☐ No Are you on a special diet? ☐ Yes ☐ No

If so, specify _____

Does anyone provide care other than primary physician? ☐ Yes ☐ No

If so, specify _____

Education:

Circle highest year completed: Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12

☐ Associates ☐ Bachelors ☐ Masters ☐ GED ☐ Vocational Training

Religion:

Religious Affiliation _____ Church Attended _____

Treatment:

Have you received mental health care in last 2 years? ☐ Yes ☐ No

Treatment Provider _____ Contact person _____

Address _____

Phone _____

Have you received drug and alcohol treatment in last 2 years? ☐ Yes ☐ No

Treatment Provider _____ Contact person _____

Address _____

Phone _____

Power of Attorney (POA) ☐ Yes ☐ No

Name _____ Phone _____

Address _____

Person completing application (other than self)

Name _____ Relationship _____ Home Phone _____

Address _____ Business or Cell Phone _____

All information given is treated in a confidential manner. To the best of my knowledge, all of the above information is correct and valid.

_____ _____

Applicant and/or Responsible Party's Signature (Required) Date