



TANGLEWOOD GROUP

Where caring and community come together.

560 Fairmount Avenue P: (716) 483-2876
Jamestown, NY 14701 F: (716) 483-2832

- Tanglewood Manor The Magnolia Memory Garden
- Field of Dreams Adult Day Care Respite Care
- Friend For a Day Partners in Care Home Care

PLEASE ANSWER ALL QUESTIONS AS COMPLETELY AS POSSIBLE

I. PERSONAL DATA

Name _____ Phone _____

Where is applicant presently? _____
Street City State Zip

Facility name (if any) _____

How long have you lived in the above address? _____

Home address if different from above _____

Date of Birth _____ Birthplace _____ US Citizen? Yes ___ No ___

Marital Status ___ Single ___ Married ___ Widowed ___ Separated ___ Divorced

Name of spouse (even if deceased) _____

Date of spouse's birth _____ death _____ marriage _____

Give nearest relatives:

Name _____ Relationship _____ Phone _____

Street _____ City _____ State _____ Zip _____ Business Phone _____

Name _____ Relationship _____ Phone _____

Street _____ City _____ State _____ Zip _____ Business Phone _____

Name _____ Relationship _____ Phone _____

Street _____ City _____ State _____ Zip _____ Business Phone _____

Were you ever in the U. S. Armed Services? _____ Dates _____

Branch of Service _____ ID Number _____

Attending Physician: Name _____

Address _____ Phone _____

II. FINANCIAL DATA

Cash Assets

Bank: _____ Bank: _____
Checking Acct# _____ Savings Acct # _____
Account Balance \$ _____ Account Balance \$ _____
Certificate of Deposit? ___ Yes ___ No If Yes, approximate amount _____

Real Estate

Applicant owns a home? ___ Yes ___ No Approximate value \$ _____
Applicant owns other properties ___ Yes ___ No Approximate value \$ _____
Does Applicant receive any rental income? ___ Yes ___ No
Does Applicant have a Life Estate or Life Use of a property? ___ Yes ___ No Approximate value \$ _____
Rental income per month \$ _____ Per Year \$ _____

Securities

Does applicant have stocks and bonds? ___ Yes ___ No
Does applicant have an Annuity or IRA? ___ Yes ___ No
If yes approximate value of all securities _____

Life Insurance

Does Applicant have life insurance policies? ___ Yes ___ No
Face Value: \$ _____ Cash Value: \$ _____
Annuities: \$ _____ Company Name: _____

Other Income

Social Security \$ _____ SSI \$ _____
Pension \$ _____ VA Pension \$ _____
Disability \$ _____ Other \$ _____ Type: _____

Burial

Does applicant have a prepaid burial fund? ___ Yes ___ No Is it Irrevocable? ___ Yes ___ No
Bank holding the burial: _____
If yes, approximate value \$ _____
Funeral Home (address and phone number) _____

Liabilities

Home Mortgage ___ Yes ___ No If yes, amount owed _____
Loans ___ Yes ___ No If yes, amount owed _____
Credit Cards ___ Yes ___ No If yes, amount owed _____
Other (home equity, etc) ___ Yes ___ No If yes, amount owed _____

Divesting

Has applicant/financial representative transferred assets or property in the past 60 months to someone other than yourself? ___ Yes ___ No If yes, Value \$ _____ Date of Transfer _____

Has applicant given gifts of money in the last 60 months?
___ Yes ___ No If yes, Value \$ _____ Date of Gift _____

Has applicant issued any Promissory Notes?
___ Yes ___ No If yes, Value \$ _____ Date of Issue _____

Has applicant been a part of a Personal Care Agreement?
___ Yes ___ No If yes, describe _____ Date of Agreement _____

Additional Financial Information _____

Person Assisting with Finances

Name: _____ Telephone #: _____
Address: _____ Work # _____

Council

Are you currently working with an attorney or other firm for ___ Estate Planning ___ Medicaid Planning
If yes, please list name of firm _____

III. STATISTICAL DATA

Social Security Number: _____ Medicaid Number: _____
Medicare Number: _____ Part A _____ Part B _____
Other Insurance: _____ Prescription Coverage: _____

Who shall be notified in case of serious illness or death? (Include business phone if appropriate)
Name: _____ Telephone #: _____
Address: _____ Work # _____

IV. SOCIAL DATA

What are your present living arrangements? _____

Do you prepare your own meals and care for your own person without assistance? _____

Are you on a special diet? _____ Specify _____

Why do you desire residence? _____

Are you receiving any assistance at home at this time? ___ Yes ___ No

If yes, briefly describe: _____

Agency Name: _____ Address _____

V. MENTAL HEALTH DATA

Do you have a history of a mental health diagnosis? ___ Yes ___ No

Type of diagnosis? _____ Name Metal Health Doctor: _____

How often do you see your Mental Health doctor? _____

When was the last date and how long were you hospitalized for your mental health issues? _____

Where? _____

Education – circle highest year completed:

Grade school – 1 2 3 4 5 6 7 8 High School – 1 2 3 4

Further training – specify _____

What has been your occupation(s)? _____

How long since you were a wage earner? _____

Please check all that apply

___ Health Care Proxy ___ Living Will ___ POA ___ DNR/Advance Directive

I, _____ the resident and/or the Designated Representative each separately and individually warrant that the financial information submitted to the facility concerning the Resident's finances is true, accurate and complete in all material respects, and that there are no material omissions.

I/we acknowledge that The Tanglewood Group has relied and will continue to rely upon my/our truthful representation of all of the Resident's known income, assets, resources and liabilities, as well as my/our full disclosure of any transfers of income, and that my/our misrepresentation or failure to provide full disclosure may result in an interruption in payment or in qualification for benefits for payment of expenses incurred by the resident.

Representations, Warranties and Indemnification Agreement

Upon satisfactory review of the Admission Application, including the representations and warranties made herein, The Tanglewood Group will consider the Resident for admission.

The Resident and Representative each acknowledge The Tanglewood Group's reliance on the statements made by them in the Admission Application and the promises made herein and agree to Indemnify and hold The Tanglewood Group harmless from any and all liability, loss, expense, and/or damage which the Tanglewood Group may incur by reason of any misrepresentation contained in either document or their noncompliance with other document.

The Resident and Representative represent and warrant to The Tanglewood Group that the Resident's assets are fully and accurately disclosed on the Admission Application and that there have been no transfers of the Resident's ownership interest in any assets or resources with the past 60 months for which fair payment has not been received other than those listed.

The Resident and Representative agree that neither of them has previously done anything nor will either of them at any time hereafter do anything that would cause the Resident to become ineligible or disqualified for Medicaid for any period of time whether by reason of having transferred the Resident's present or future acquired assets without receiving fair payment or value in exchange for such transfer or otherwise.

The Resident and Representative agree that prior to exhausting the Resident's assets and resources, they will make timely application for Medicaid. The application shall be made in such manner and at such time that the Resident will be able to pay his/her obligations to The Tanglewood Group by means of the Resident's assets and resources and/or medical assistance provided by the State of New York or other government agency.

If the Resident is denied timely Medicaid coverage due to the willful or negligent failure of Resident and/or Representative to abide by this Agreement, they agree to indemnify and hold The Tanglewood Group harmless of and from any and all loss or damage occasioned by any misrepresentation or failure to qualify for Medicaid and they each agree to pay and reimburse The Tanglewood Group unconditionally all amounts that The Tanglewood Group would have received had a timely Medicaid pick-up date occurred.

I have reviewed the information contained herein, and represent that it is factually true, accurate and complete. I understand that The Tanglewood Group utilizes this information in the admissions decision process. The above terms and conditions will become effective and be binding upon and enforceable against the Resident and the Representative upon The Tanglewood Group's admission of the Resident pursuant to this Admission Application, the terms and provisions of which are hereby agreed to the

_____ day of _____, 20____ by The Tanglewood Group and

(Please Print) _____ ("Resident")

and (Please Print) _____ ("Representative")

_____/_____
Applicant's/Resident's Signature Date

_____/_____
Representative's Signature Date

It is the policy of Tanglewood Manor to admit and treat all patients without regard to race, creed, color, national origin, sex, handicap, or source of payment.