

Brothers of Mercy
Sacred Heart Home
4520 Ransom Road, Clarence, NY 14031
Admissions: 716.759.6985 ext.331 Fax: 716.759.6433

APPLICATION FOR ADMISSION

APPLICANT: _____
LAST FIRST MIDDLE

ADMITTED FROM: Rehab Center Hospital Own Home Other _____

ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

DATE OF BIRTH: _____ PRESENT AGE: _____ PLACE OF BIRTH: _____

PHONE NUMBER: _____ SOCIAL SECURITY NUMBER: _____ US CITIZEN: YES NO

VETERAN: YES NO SPOUSE OF VETERAN: YES NO

MARITAL STATUS: MARRIED SINGLE DIVORCED SEPERATED WIDOWED

NAME OF SPOUSE: _____

APPLICANT'S OCCUPATION: _____ MAIDEN NAME: _____

HEALTH INSURANCE CARRIER: _____ CARD/ID#: _____

MEDICARE #: _____ MEDICAID YES # _____ NO

RELATIVES (children, siblings etc.):

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

RELIGION: _____ CHURCH: _____

ADDRESS: _____

BURIAL INFORMATION: _____

EDUCATION: GRADE SCHOOL HIGH SCHOOL COLLEGE OTHER (specify) _____

HOSPITAL AFFILIATION: _____

PRIMARY LANGUAGE: _____ SECONDARY: _____

SPECIAL DIETARY NEEDS: _____

HOW DID YOU HEAR ABOUT US?: _____

DO YOU SMOKE? _____ HOW MUCH: _____

Please note the Brothers of Mercy campus is smoke free

HEALTH CARE PROXY YES NO HCP AGENT: _____

DO NOT RESUSCITATE YES NO

LIVING WILL YES NO

POWER OF ATTORNEY YES NO RESPONSIBLE PARTY NAME: _____

EMERGENCY CONTACT

NAME: _____

ADDRESS: _____

PHONE: _____

RELATION: _____

EMAIL: _____

FINANCIAL CONTACT

NAME: _____

ADDRESS: _____

PHONE: _____

RELATION: _____

EMAIL: _____

OTHER CONTACTS (ANYONE THAT CAN RECEIVE INFORMATION ABOUT APPLICANT):

CURRENT PHYSICIAN: _____ PHONE: _____

ADDRESS: _____

WILL YOU CONTINUE WITH THIS PHYSICIAN? YES NO

WOULD YOU LIKE TO SEE OUR HOUSE PHYSICIAN? YES NO

DOES APPLICANT SEE ANY SPECIALISTS? YES NO

PLEASE LIST:

MEDICATION/FOOD ALLERGIES: _____

TYPE OF ROOM DESIRED: PRIVATE SEMI-PRIVATE SUITE

READINESS OF APPLICANT TO ENTER SACRED HEART HOME:

Is ready to enter at time of application Is applying in advance of expected readiness in the future

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**Sacred Heart Home has a one-time non-refundable admission fee; chargeable at the time of acceptance.*

**It is the policy of Sacred Heart Home to have a smoke-free environment. Therefore visitors, residents and staff members are not permitted to smoke in or around our facility.*

**Applications are accepted and considered without regard to race, creed, color, age, sex, religion, national origin, sponsor, sexual preference, blindness or other handicap.*

**All information supplied within this application will be held confidential.*

I BELIEVE THE ABOVE TO BE TRUE TO THE BEST OF MY ABILITY AND WISH TO MAKE AN APPLICATION TO THE SACRED HEART HOME.

SIGNATURE: _____ **DATE:** _____

FINANCIAL RESOURCES

TYPE OF INCOME (MONTHLY AMOUNT)

SOCIAL SECURITY: _____

PENSION: _____

SSI: _____

OTHER: _____

OTHER: _____

TOTAL MONTHLY INCOME: _____

ACCOUNTS (INDICATE BALANCE IN FIRST COLUMN)

SAVINGS: _____ WHERE: _____

SAVINGS: _____ WHERE: _____

CHECKING: _____ WHERE: _____

CHECKING: _____ WHERE: _____

CHEKCING: _____ WHERE: _____

OTHER: _____ TYPE: _____

OTHER: _____ TYPE: _____

INSURANCE POLICY: _____ COMPANY: _____

INSURANCE POLICY: _____ COMPANY: _____

HAVE YOU TRANSFERRED ANY ASSETS, MONEY, HOUSE, BONDS, ETC. IN THE PAST 5 YEARS?

YES NO

IF YES, PLEASE EXPLAIN:

I BELIEVE THE ABOVE TO BE TRUE TO THE BEST OF MY ABILITY AND WISH TO MAKE AN APPLICATION TO THE SACRED HEART HOME.

SIGNATURE: _____

DATE: _____