

APPLICATION FOR RESIDENCY

APPLICANT NAME: _____ DATE: _____

Type of Living Accommodation: _____ Assisted Living _____ Memory Care Date _____

Apartment Reserved: House Name: _____ Apt #: _____

SECTION I: PERSONAL INFORMATION

Applicant's Name: _____ Female Male

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Other Telephone #: _____

Fax #: _____ Email Address: _____

Occupation/Previous Occupation: _____

Education (Optional): _____

Age: _____ Date of Birth: _____ Birth Place: _____ Social Security: _____

Veteran: Yes ___ No ___ Spouse of a Veteran: Yes ___ No ___

Marital Status:

Single Married Widowed Divorced Separated

Name of Spouse: _____ Age: _____ Spouse's Date of Birth _____

Birth Place: _____ Spouse's Social Security #: _____

Tennyson Court Senior Care Community
49 Tennyson Court - Williamsville, NY 14221 ~ Phone 716-632-9496 ~ Fax: 716-632-1822

APPLICATION FOR RESIDENCY

APPLICANT NAME: _____ DATE: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Home Telephone #: _____ Work Telephone #: _____ Cell #: _____

Car:

Do you plan to bring a car? Yes No

Make/ Model/ Year: _____ License Plate #: _____

Religion (Optional):

Pastor's Name: _____ Telephone #: _____

Religious Affiliation (Optional): _____ Church Name: _____

Address: _____

SECTION II: HEALTH INFORMATION

Physician:

General Practitioner's Name: _____

Address: _____

Telephone #: _____ Fax #: _____

Other Physician:

Specialty/Type: _____ Name: _____

Tennyson Court Senior Care Community
49 Tennyson Court - Williamsville, NY 14221 ~ Phone 716-632-9496 ~ Fax: 716-632-1822

APPLICATION FOR RESIDENCY

APPLICANT NAME: _____ DATE: _____

Address: _____ Telephone #: _____

Specialty/Type: _____ Name: _____

Address: _____ Telephone #: _____

Hospital Preference:

#1 PREFERENCE:

Hospital Name: _____ Address: _____

#2 HOSPITAL PREFERENCE:

Hospital Name: _____ Address: _____

Insurance Information:

Medicare Number: _____ Part A Yes No
Part B Yes No

Medicare Number: _____ Part A Yes No
Part B Yes No

Other Insurance:

Type: _____ Policy#: _____

Address: _____ Telephone#: _____

Type: _____ Policy#: _____

Address: _____ Telephone #: _____

Recent Hospitalizations:

Name: _____

Hospital Name: _____ Date: _____

APPLICATION FOR RESIDENCY

APPLICANT NAME: _____ DATE: _____

Reasons: _____

LIVING WILL:

Do you (and/or your Spouse) have a Living Will?

APPLICANT

YES NO

SPOUSE

YES NO

HEALTH CARE PROXY:

Do you (and/or your Spouse) have a Health Care Proxy?

APPLICANT

YES NO

SPOUSE

YES NO

ADVANCED DIRECTIONS:

Do you (and/or your Spouse) have a Do Not Resuscitate Order (DNR)? YES NO YES NO

POWER OF ATTORNEY:

Do you (and/or your Spouse) have a Power of Attorney (POW)? YES NO YES NO

Please provide copies of any circled "YES" at the time of Admission.

Burial Instructions Including Funeral Home Name (Must be completed) _____

SECTION III: FINANCIAL INFORMATION

(Please provide a copy of most recent Tax Return Information)

Sources of Current monthly income (record actual amount)

Social Security Income		
Veterans Pension		
Other Pensions		
Divides		
Interest		

Tennyson Court Senior Care Community
49 Tennyson Court - Williamsville, NY 14221 ~ Phone 716-632-9496 ~ Fax: 716-632-1822

APPLICATION FOR RESIDENCY

APPLICANT NAME: _____ DATE: _____

Trust		
Other Income (list sources)		
CASH ASSETS	APPLICANT	JOINT
CHECKING		
SAVINGS		
OTHER		
CD'S		
-Bank		
-Account Number		
-Maturity Date		
STOCKS & BONDS		
-Brokerage(s)		
-Account(s) Value		
IRA'S/ANNUITIES		
-Company		
-Maturity Date		
-Balance		
LIFE INSURANCE		
-Company		
-Face Value		
-Cash Value		
LONG TERM CARE INSURANCE-Company Name		
	Applicant	Spouse
Daily Benefits		
Maximum Benefit		
TOTAL:		

Have you filed tax returns over the past 3 years? YES NO **Please attach most recent tax return.**

Safe Deposit Box? YES NO Location at: _____

Real Estate: (Please provide addresses and include any rental properties:

Value:\$ _____

Debt:

All money owed by you and/or your spouse. Please list each debt separately.

Real Estate: _____

Car(s): _____

Personal/Credit

Cards: _____

Tennyson Court Senior Care Community
49 Tennyson Court - Williamsville, NY 14221 ~ Phone 716-632-9496 ~ Fax: 716-632-1822

APPLICATION FOR RESIDENCY

APPLICANT NAME: _____ DATE: _____

FINANCIAL DISCLOSURE STATEMENT

PLEASE NOTE: Residents acknowledge this Facility's obligation to file an annual certification of resident's annual income. Residents will certify the accuracy of the statement made in each certification. Resident does hereby agree to submit such certification upon initial execution of the Agreement and at each subsequent renewal, at our discretion.

SECTION VI: STATEMENT OF ACCURACY

I hereby certify that the supplied information is correct and complete to the best of my knowledge. I understand that any misrepresentation could result in the forfeiture of my status as a resident of this facility, that this application does not obligate this facility in any way and that the information given herein is strictly confidential.

Applicant's Signature: _____ Date: _____

Applicant's Representative: _____ Date: _____

Relationship _____

An approved application does not guarantee residency.

Tennyson Court Senior Care Community
49 Tennyson Court - Williamsville, NY 14221 ~ Phone 716-632-9496 ~ Fax: 716-632-1822

APPLICATION FOR RESIDENCY

APPLICANT NAME: _____ DATE: _____

Pharmacy Agreement

Tennyson Court Senior Care Community offers the delivery services of **Buffalo Pharmacies, Inc.** to our residents:

_____ Yes, I would like to use the pharmacy delivery services and will provide prescriptions of all my medications to Tennyson Court Senior Care Community.

_____ No, I plan to remain with my current pharmacy service.

Current Pharmacy: _____

Please provide Buffalo Pharmacies, Inc with the following information:

Name: _____

Address: _____

Phone #: _____

Physician Name: _____

Physician Address: _____

Office Phone Number: _____ Office Fax: _____

Resident/Representative Signature

Date

Tennyson Court Representative/Title

Date

Tennyson Court Senior Care Community
49 Tennyson Court - Williamsville, NY 14221 ~ Phone 716-632-9496 ~ Fax: 716-632-1822

APPLICATION FOR RESIDENCY

APPLICANT NAME: _____

DATE: _____

Podiatry Services

Tennyson Court Senior Care Community is pleased to offer podiatry services on site to our residents. We currently have multiple podiatrists who will come in to accommodate our resident's podiatry needs. Please indicate your choice in utilizing podiatry services below.

_____ Yes, we would like on- site podiatry services.

_____ No, we will use off - site podiatrist as needed.

Please be aware the staff at Tennyson Court is not responsible for billing issues that may arise with podiatrist you are assigned to, should you have billing questions please let the Resident Care Director or Case Manager know and they will supply you with the name and number of the podiatrist servicing your loved one.

Should you decide at some point you do not wish to use the service please notify the Resident Care Director or Case Manager. You will need to sign declining the service.

Tennyson Court does not know the cost of the services provided as insurances are billed by the podiatrist. Co-pays and none covered services are the responsibility of the residents/families.

Resident Representative Signature

Date

Tennyson Court Representative Signature

Date

Tennyson Court Senior Care Community
49 Tennyson Court - Williamsville, NY 14221 ~ Phone 716-632-9496 ~ Fax: 716-632-1822