



**Betsy Ross Nursing and Rehabilitation Center**  
**1 Elsie Street Rome, New York 13440**  
**Telephone: 315.339.2220 Fax: 315.339.1592**

## **Application for Admission**

### **DEMOGRAPHIC INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex **M F** Veteran **Y N**

Social Security # \_\_\_\_\_ Marital Status **S M W D** U.S. Citizen **Y N**

Spouse \_\_\_\_\_ Veteran **Y N** Primary Language \_\_\_\_\_ Religion \_\_\_\_\_ Church \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

### **INSURANCE INFORMATION**

Medicare # \_\_\_\_\_

Medicaid # \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Other Insurance \_\_\_\_\_ Policy ID# \_\_\_\_\_

Long Term Care Insurance \_\_\_\_\_ Policy ID# \_\_\_\_\_ Daily Benefit \_\_\_\_\_

Prescription Drug Plan \_\_\_\_\_ Medicare D \_\_\_\_\_

### **CONTACT INFORMATION**

Primary Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Power of Attorney? **Y N**

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Other \_\_\_\_\_

Alternate Representative \_\_\_\_\_ Relationship \_\_\_\_\_ Power of Attorney? **Y N**

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Other \_\_\_\_\_

Email Address \_\_\_\_\_

DNR **Y N** MOLST **Y N** Health Care Proxy **Y N** HCP Name \_\_\_\_\_ Living Will? **Y N**

Funeral Home Selected \_\_\_\_\_

**NEW YORK STATE AND FEDERAL LAWS PROHIBIT DISCRIMINATION IN ADMISSION, RETENTION, AND CARE OF RESIDENTS ON THE BASIS OF RACE, CREED, COLOR, AGE, NATIONAL ORIGIN, BLINDNESS, MARITAL STATUS, PHYSICAL HANDICAP, SEX, SEXUAL ORIENTATION.**

Please list all inpatient hospital/nursing home stays in the last 60 days:

Date	Hospital/Nursing Home	Date	Hospital/Nursing Home
_____	_____	_____	_____
_____	_____	_____	_____

**INCOME**

<u>Monthly</u>	<u>Applicant</u>	<u>Spouse</u>	
Social Security	\$ _____	\$ _____	
Pension	\$ _____	\$ _____	Where is pension(s) received from? _____
	\$ _____	\$ _____	
VA Benefits	\$ _____	\$ _____	
Annuities	\$ _____	\$ _____	Where is annuity(s) received from? _____
Others	\$ _____	\$ _____	
Trust	\$ _____	\$ _____	

**ASSETS**

**Bank Accounts**

Bank Name	Account #	Balance	Checking or Savings?	Joint* Y N (Name)

CD's \_\_\_\_\_

Stocks/Bonds \_\_\_\_\_

Life Insurance (Cash Value) \_\_\_\_\_

Real Estate Address \_\_\_\_\_ Joint\* Y N Assessed Value \_\_\_\_\_

**EXPENSES**

Outstanding Debts \_\_\_\_\_

Has there been any transfer of assets (including money, stock, real estate) within the last 60 months: **Y N**  
If Yes: Date, Amount & To Whom: \_\_\_\_\_

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE INFORMATION PROVIDED IS ACCURATE AND TRUE. (VERIFICATION OF ABOVE INCOME AND EXPENSE WILL BE PROVIDED UPON REQUEST.)**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_  
(or person acting for applicant)