The Pines at Heartwood
An Assisted Living Program

Assisted Living Program
2405 15th Street
Troy, New York 12180
Tel: 518.266.9654 Fax: 518.266.0346

Application for Admission

State and Federal Laws prohibit discrimination based on Sex, Race, Creed, Color, National Origin, Sexual Preference, Marital Status, Blindness, Disability, Age, Source of Payment, or Sponsorship in admission, retention and care of residents.

Full Name: _____

Current Address: _____

County: _____ Zip: _____ Tel No: _____

I have been residing at this address since: _____

Date of Birth: _____ Place of Birth: _____

If foreign born, please provide documentation of proof of citizenship.

US Military Service: ☐Self ☐Spouse Branch: _____ Dates: _____

Occupation or Trade: _____

Marital Status: ☐Single ☐Married ☐Widowed ☐Separated ☐Divorced

Name of Spouse: _____

Date of Marriage: _____ If Spouse deceased, date: _____

Religion: _____

Hospital of Choice: _____ SSN: _____

Medicare #: _____ Medicaid #: _____

Health Insurance Company: _____ Policy #: _____

Medicare D Plan: _____ Policy #: _____

Healthcare Proxy: ☐Yes ☐No Name: _____

Does anyone have Power of Attorney or control to manage your fund or property? ☐Yes ☐ No

If Yes, please attach a copy of above documents.

Physician's Name: _____ Phone #: _____

Address: _____

Have you at any time received services from a mental hygiene service provider such as OMH or OMRDD? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

Name of Funeral Home: _____ Phone #: _____

Address: _____

I have a ☐ paid ☐ unpaid burial plot

Arrangements for organ donation/anatomical gift? ☐Yes ☐No

If yes, please attach a copy of the documents.

Name of Person to contact in an emergency: _____

Address: _____

Phone #: (H) _____ (W) _____ (C) _____

Applicant's Financial Assets and Income

1. Bank accounts (*Indicate Savings, Checking, Money Market, IRA, etc)

A. Name of Bank: _____

Current Bal: _____ Account Type: _____

B. Name of Bank: _____

Current Bal: _____ Account Type: _____

C. Name of Bank: _____

Current Bal: _____ Account Type: _____

D. Name of Bank: _____

Current Bal: _____ Account Type: _____

E. Name of Bank: _____

Current Bal: _____ Account Type: _____

2. I own the following real and/or personal property:

A. Type of property: _____ Location: _____

B. Type of property: _____ Location: _____

C. Type of property: _____ Location: _____

Income per Month:

1. Social Security $ _____

2. Pensions
   a. Government $_____ ID _____
   b. VA $_____ ID_____
   c. Company $_____ Co Name_____
   d. Other $_____ Describe_____

3. Other Income $_____ Describe_____

Please provide a copy of your Social Security Card, Medicare Card and Medicaid Card (if applicable), Medicare "D" card, as well as any other health insurance card(s) and a picture I.D.

PLAN OF PAYMENT FOR COST OF CARE AT TROY CROSSING LLC

1. ☐ Own assets and/or income OR ☐ Medicaid

To the best of my knowledge all the information herein is correct and valid. I hereby apply for admission to Troy Crossing LLC

Signature: _____

Date: _____