

APPLICATION FOR ADMISSION

We appreciate your interest in Morgan Estates and ask that you complete this application for admission. The information gathered here, as well as during the admissions process, will be used to determine whether we can meet your needs. (If you are completing the application for someone else, please obtain the most accurate information from the applicant.) All portions of this application will remain confidential.

All items must be completed. Please mark “not applicable” (N/A) to those that do not apply.

Name of applicant (resident) _____

Home Address _____ Phone (____) _____

City _____ State _____ Zip _____ County _____

Years of residence _____ Previous or Current Occupation _____

Birthplace _____ State _____ Birth date ____/____/____

Social Security Number _____ (please submit copy of card)

Marital Status: Married Single Divorced Separated Widowed

Spouse's Name _____

Personal Physician _____ Phone (____) _____

Office Address _____ Zip _____

Dentist _____ Phone (____) _____

Office Address _____ Zip _____

Are you a U.S. citizen? Yes No Primary language _____

If not a citizen, do you have a permanent visa? Yes No

If yes, please attach a copy of your visa.

Are you a Veteran? Yes No Is or was your spouse? Yes No



4588 MORGAN VIEW ROAD . GENESEO, NY 14454
585.243.6000 | WWW.MORGANESTATES.COM

Designated Representative (Primary Contact Person) _____

Relationship _____ Phone (H) _____ Phone (W) _____

Address _____ City _____ State _____ Zip _____

To whom should we send the monthly billing statements? (Financial Representative)

Name _____

Relationship _____ Phone (H) _____ Phone (W) _____

Address _____ City _____ State _____ Zip _____

In an emergency, whom should we contact if the Designated Representative is not available?

Name _____

Relationship _____ Phone (H) _____ Phone (W) _____

Address _____ City _____ State _____ Zip _____

And, whom should we contact after that? _____

Relationship _____ Phone (H) _____ Phone (W) _____

Address _____ City _____ State _____ Zip _____

Next, please identify how your Representatives assist you.
Check all that apply and give us the first and last name of the Representative.

- Power of Attorney Name: _____
- Power of Attorney for Health Care Name: _____
- Court Appointed Conservator Name: _____
- Legal Guardian Name: _____
- Health Care Proxy Agent Name: _____
- Financial Payer for bill-paying Name: _____
- Trust Officer Name: _____
- Other Name: _____

To process this application, we need confirmation of you representatives. Please attach appropriate documentation.

State regulations require us to collect the following information. We know this is a delicate matter and ask your cooperation. You may change this information at any time.

Funeral Home _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Optional: The following questions are not considered in making admission decisions. Your answers are shared confidentially with our Director of Activity Services, who helps provide services for all residents of all faiths.

Religion _____ Church _____

Clergy _____ Phone (____) _____

About You (the person filling out this application)

How did you first learn about Morgan Estates? _____

Which local newspapers do you read regularly? _____

Which TV station(s) do you watch the most? _____

When do you listen to the radio? (Check all that apply)
Morning drive time Mid-day Evening drive time

Which radio station do you listen to? _____

Income and Expenses

Again, we would appreciate your completing each item and indicating "N/A" where no amount is to be entered.

<u>Monthly Income</u>	<u>Per Month</u>	<u>Outstanding Debts</u>	
Social Security	\$ _____	Credit Card Balances	
Private Pension	\$ _____	_____	\$ _____
Veteran's Pension	\$ _____	_____	\$ _____
Annuities	\$ _____	_____	\$ _____
Railroad Retirement	\$ _____	_____	\$ _____
Mortgages/Notes	\$ _____	Outstanding Loans	\$ _____

Income and Expenses (cont.)

Supplement Security

Income	\$ _____	Unpaid Medical Bills	\$ _____
Real Estate value	\$ _____		
Other (list)		Other (list)	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Assets

1. Bank Accounts (indicate savings, checking, money market, certificate of deposit, etc.)

Name of Bank	Type of Account	Acct. #	Balance	Co-Owner
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

(Please attach copies of latest bank statements)

2. Stocks and Bonds

Stocks and Bonds	Number of Shares	Cash Value	Co-Owner
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

(Please attach copies of brokerage statements)

Health Insurance

Please check all that apply and attach copies of your cards:

- Medicare # _____
- Medicaid (Monroe County) # _____
- Medicaid (Other County: _____) # _____
- Blue Cross/Blue Shield # _____
- Blue Cross/Blue Shield outside of Rochester # _____
- Blue Choice # _____
- Blue Choice Senior # _____
- Preferred Care # _____
- Preferred Care Gold # _____
- Kodak # _____
- Kodak 6000 # _____

- Railroad Retirement # _____
- AARP # _____
- Long Term Care # _____
- Health Maintenance Organization # _____
- U. S. Government # _____
- Other Government # _____
- Other Insurance (_____) # _____

Do any of your contracts provide a prescription drug rider? Yes No

Is so, which one(s)? _____

Are there any other health benefits available to you through your or your spouse's current or previous employer? (i.e. Veteran's Benefits) Yes No

If yes, please describe _____

Do you have a health care proxy? Yes No

Is so, please attach a copy.

Hospital of choice: _____

Application submitted by:

Signature

Relationship

Date