

River Ridge Living Center, LLC

100 Sandy Drive
Amsterdam, NY 12010
518-843-3503

Thank you for your interest in River Ridge Living Center, LLC. In order to properly process an individual's application, we must have the information requested below. Please answer all carefully and accurately. The information contained herein is confidential and constitutes the basis for patient admission.

Federal and state law prohibits discrimination based on race, creed, color, national origin, sex, sponsor, disability, handicap, blindness, reimbursement source, sexual preference, or marital status.

I. General Information

Applicant's Name: Last: _____ First: _____ M: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Cell #: _____

Social Security #: _____ Date of Birth: _____ Sex: _____

Marital Status: _____ Name of Spouse: _____

Attending Physician: _____ Hospital Choice: _____

II. Legal Agents/Power of Attorney/Next of Kin

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____ Cell #: _____

Status: (Please check all that apply and attach copies of relevant paperwork)

- Power of Attorney
- Health Care Proxy
- Guardianship
- Conservator
- Person responsible for handling financial affairs
- Other _____

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____ Cell #: _____

Status: (Please check all that apply and attach copies of relevant paperwork)

- Power of Attorney
- Health Care Proxy
- Guardianship
- Conservator
- Person responsible for handling financial affairs
- Other _____

III. Insurance Information

Medicare#: _____

Is applicant enrolled in the Medicare Part D program?

- Yes
- No

Is the applicant or spouse a veteran?

- Yes
- No

Medicaid#: _____ **County Responsible:** _____

Is there an application pending?

- Yes
- No

Other Health Insurance /HMO Coverage/Prescription Plan Coverage:

Carrier:

ID#:

Group#:

Life Insurance:

Company:

Policy#:

Amount:

Beneficiary

Does the applicant have a:

- DNR
- Health Care Proxy
- Living Will
- Durable Power of Attorney
- Personal Attorney, Name/Address _____

Funeral Home Information:

Name of Funeral Home/Director: _____

Address: _____ Phone#: _____

IV. Financial Disclosure:

Income	Source/Address	Monthly Amount
Social Security		\$ _____
Supplementary Security Income		\$ _____
Pension	_____	\$ _____
	_____	\$ _____
Annuities	_____	\$ _____
Trust Income	_____	\$ _____
Other Income	_____	\$ _____
Total Monthly Income		\$ _____

Assets:

Bank Accounts:

Bank	Type of Account (checking/savings)	Jointly Owned? (if yes, with whom)	Account#	Balance
_____				\$ _____
_____				\$ _____
_____				\$ _____
_____				\$ _____

Certificates of Deposit

Name of Bank or Financial Institution: _____ Value: \$ _____
Name of Bank or Financial Institution: _____ Value: \$ _____

Stocks / Bonds

Name: _____ Value: \$ _____
Name: _____ Value: \$ _____

Real Estate

Does the applicant own a home?

- Yes
- No

Is the home jointly owned?

- Yes
- No

What is the estimated value? \$ _____

Is there a mortgage, home equity loan or lien on the property?

- Yes
- No

If yes, in what amount? \$ _____

Any other assets or property owned please list

Has there been a transfer of assets in the past 5 years?

- Yes
- No

If yes, please describe: _____

Has a trust been established?

- Yes
- No

If yes, please describe: _____

I understand that River Ridge Living Center, LLC will rely upon the accuracy of the information contained on this application form for the purpose of determining when the applicant may need financial assistance and that the assets listed above will be available to meet the needs of the applicant during his/her stay at River Ridge Living Center, LLC.

Applicant's Signature

Responsible Party's Signature

Date

Date