



170 Murray Street
Auburn, NY 13021
Phone: (315) 253-2755
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Northbrookheights.com

NORTHBROOK HEIGHTS ASSISTED LIVING COMMUNITY APPLICATION FOR ADMISSION

Application Date _____

Applicant Resident Name: _____
(First) (Middle) (Last) (Suffix)

Date of Birth: _____ Social Security Number: _____
(MM/DD/YYYY)

Current Address: _____
(Street/Apartment.#) (Street Name)

(City) (State) (Zip)

Home Phone #: _____ Cell Phone #: _____

Marital Status: _____ Name of Spouse: _____
(Even if Deceased)

HEALTH INSURANCE COVERAGE (Please Provide Copies of Proof of any Insurance Listed Below)

If you have Medicare or Medicaid please list the information below, and provide copies of your card.

INSURANCE NAME	POLICY NUMBER	GROUP &/or PLAN NUMBER

Do you intend to apply for Medicaid? (Y) (N) Anticipated Date of Application:

Northbrook Heights requires a \$250.00, non-refundable application fee. Please submit this fee with your completed application.

EMERGENCY CONTACT INFORMATION

1) Name: _____ Relationship: _____

Address: _____

(Street/Apartment#)

(Street Name)

(City)

(State)

(Zip)

Home Phone #: _____ Cell Phone #: _____

2) Name: _____ Relationship: _____

Address: _____

(Street/Apartment#)

(Street Name)

(City)

(State)

(Zip)

Home Phone #: _____ Cell Phone #: _____

HEALTH / MEDICAL CARE PROVIDERS

Primary Care Physician: _____

Phone: _____ Fax: _____

Address: _____

Other Health/Medical Care Provider: _____

Phone: _____ Fax: _____

Address: _____

Other Health/Medical Care Provider: _____

Phone: _____ Fax: _____

Address: _____

Burial Instructions/Funeral Home (Optional): _____

Please provide copies of Health Care Proxies, Living Will, or Do Not Resuscitate documents as applicable.

Estimated dates of last immunizations

INFLUENZA (flu shot):

PNEUMOVAX (pneumonia shot):

Financial Disclosure

Source	Applicant	Spouse
Social Security		
Veteran's Pension		
Other Pensions		
Annuities		
Interest Income		
Other Income		
Total Monthly Income		

Notes

Asset Type	Institution Name	Account Number	Current Balance or Cash Value
Checking Account			
Savings Account			
CD (Maturity Date)			
Annuities			
Life Insurance Policies			
Pre-paid Burial			
Total Cash Assets			

REAL ESTATE

Property Address: _____
(Street/Apartment#) (Street Name)

(City) (State) (Zip)

Appraised or Market Value: _____

Have you transferred any assets to another person within the past five (5) years? (Y) (N)

If yes, please state the value of the asset, to whom it was transferred, and the date of the transfer:

Has the applicant or spouse retained the services of an attorney to obtain Medicaid eligibility? (Y) (N)

If yes, please describe current status of the eligibility process:

Please List current debt/financial obligations:

Business or Organization Name	Type of Debt	Account Balance	Monthly Payments

CERTIFICATION:

I hereby certify that the information provided by me to Northbrook Heights is and will be correct. I agree to pay any expense due Northbrook Heights because of incorrect information provided by me.

Name of Responsible Party (person responsible for making payment to Northbrook Heights)

Name: _____ Relationship if other than Resident: _____

Address: _____
(Street/Apartment#) (Street Name)

(City) (State) (Zip)

Home Phone #: _____ Cell Phone #: _____

➤ Signature: _____

ACKNOWLEDGEMENT

I acknowledge and agree as follows:

I am financially responsible for any and all charges for care and services provided to

_____ by Northbrook Heights that are *not covered by a third party insurer such as Medicaid.*

- At all times I will be responsible for meeting the requirements of the third party insurer.
- I shall not assert any claim that I was relieved of financial responsibility in the absence of any express written agreement stating such.
- In the event litigation is filed for nonpayment for charges, I agree to pay all expenses incurred by Northbrook Heights because of such litigation, including reasonable attorney's fees.

Name: _____ Relationship if other than Resident: _____

Address: _____
(Street/Apartment#) (Street Name)

_____ (City) _____ (State) _____ (Zip)

Home Phone #: _____ Cell Phone #: _____

➤ Signature: _____

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SOCIAL HISTORY

When completing this section, please be as specific as possible, as this will enable us to provide more individualized care to your loved one. Thank you!

Birthplace: _____ Education: _____

No. of children: _____ No. of grandchildren: _____

Past occupations: _____

Date of retirement: _____

Interests / Hobbies: _____

CURRENT LIVING SITUATION

Living arrangements: _____

Reason desiring admission: _____

RELIGION

(Not to be completed unless offered voluntarily)

Religion: _____ Church: _____

Spiritual contact person: _____

**THANK YOU FOR CHOOSING NORTHBROOK HEIGHTS.
HOW DID YOU HEAR ABOUT US?**

Please check all that apply:

- Family
- Friend / acquaintance
- Newspaper
- Website
- NBH brochure
- Open house / community event
- Church or social club
- Other (please specify): _____