

# ADMISSION FORM



Please mail, or bring, your completed admission form to: Director of Admissions, Evergreen Commons, 1070 Luther Road, East Greenbush, NY 12061-4020.

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medicaid No: \_\_\_\_\_ Medicare No: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
*Street City State Zip*

Phone No: ( ) \_\_\_\_\_ County: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Street City State Zip*

If Hospital, indicate: \_\_\_\_\_  
*Name of Facility Admission Date*

Family Physician: \_\_\_\_\_  
*Name Address*

Marital Status: Married \_\_\_\_\_ Divorced: \_\_\_\_\_ Single \_\_\_\_\_

Widowed \_\_\_\_\_ Separated: \_\_\_\_\_ Other \_\_\_\_\_

Spouse (if living): \_\_\_\_\_  
*Name Relationship*

\_\_\_\_\_ ( ) \_\_\_\_\_  
*Address Phone*

Whom to call in case of emergency: \_\_\_\_\_  
*Name Relationship*

\_\_\_\_\_ ( ) \_\_\_\_\_  
*Address Phone*

Responsible Party: \_\_\_\_\_  
*Name Relationship*

\_\_\_\_\_ ( ) \_\_\_\_\_  
*Address Phone*

Responsible Party is (has) the following:

Power of Attorney \_\_\_\_\_ Property Guardian \_\_\_\_\_ Health Care Agent \_\_\_\_\_

U.S. Military Service: Yes \_\_\_\_\_ No \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Place of Entry \_\_\_\_\_ Date of Entry \_\_\_\_\_

The following documents will be necessary before admission to Evergreen Commons can be completed. Please plan to make them available on or before the date of the patient's admission.

\_\_\_\_\_ Insurance ID Cards                      \_\_\_\_\_ Certified Power of Attorney – if applicable  
\_\_\_\_\_ Social Security Card                      \_\_\_\_\_ Medicare Card – APPROVAL FOR  
\_\_\_\_\_ Medicare Card                              \_\_\_\_\_ LONG TERM HEALTHCARE – if applicable  
\_\_\_\_\_ Advance Directive – if any

Advance Directives (check as applicable):

Living Will     Health Care Proxy     Durable Power of Attorney

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE**

**FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BASED ON RACE, CREED, COLOR, PLACE OF BIRTH, NATIONAL ORIGIN, SEX, SEXUAL PREFERENCE, MARITAL STATUS, HANDICAP, AGE, SPONSORSHIP, OR SOURCE OF PAYMENT.**

We do not use this or other information to require applicants to waive Medicare or Medicaid benefits. We do not seek or want assurance that applicants are not eligible for, or will not apply for, such benefits.

MONTHLY INCOME

Social Security	\$ _____	Stocks/Bonds	\$ _____
Veterans Pension	\$ _____	Annuity	\$ _____
Railroad Retirement	\$ _____	Trusts	\$ _____
Private Pension	\$ _____	Interest/Savings	\$ _____
Rental Property	\$ _____	Other Income	\$ _____

ASSETS

Cash on Hand                      \$ \_\_\_\_\_

BANK ACCOUNTS

Bank: \_\_\_\_\_

Account No: \_\_\_\_\_ Balance \$ \_\_\_\_\_ Date \_\_\_\_\_

Bank: \_\_\_\_\_

Account No: \_\_\_\_\_ Balance \$ \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

PROPERTY

Do you own your own home? Yes \_\_\_ No \_\_\_ Market Value \$ \_\_\_\_\_

Other real property Yes \_\_\_ No \_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Type Location Value (Approx.)

During the past 36 months, has any other person become the owner of money, real estate or other property which you had owned? Yes \_\_\_ No \_\_\_

If so, provide the following:

Kind of Property \_\_\_\_\_

Value of Property \$ \_\_\_\_\_

Present location of property \_\_\_\_\_

Name and Address of New Owner \_\_\_\_\_

Type of transfer (sale, gift, other) \_\_\_\_\_

Date of Transfer \_\_\_\_\_

STOCKS

Name of Stock \_\_\_\_\_

No. of Shares # \_\_\_\_\_ Market Value \$ \_\_\_\_\_

Name of Stock \_\_\_\_\_

No. of Shares # \_\_\_\_\_ Market Value \$ \_\_\_\_\_

REAL ESTATE LIENS

Is there an outstanding mortgage on your property? Yes \_\_\_ No \_\_\_

Current principle balance \$ \_\_\_\_\_

Has any judgment for money been entered against you in the last ten years?

Yes \_\_\_ No \_\_\_

State and County or Town of Judgment \_\_\_\_\_

Has the judgment been fully satisfied? Yes \_\_\_ No \_\_\_

By signing below, the person completing this form confirms his or her understanding that Evergreen Commons relies on the truth and completeness of the information provided in making an admission decision.

\_\_\_\_\_  
Signature of Person Completing this Application

\_\_\_\_\_  
Date

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