

# Brewster Village

## Admission Application

### Personal Information:

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

Address: \_\_\_\_\_

County of Residence \_\_\_\_\_ Telephone: \_\_\_\_\_

Sex:  M  F Marital Status: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Currently ready for admission? \_\_\_ Yes \_\_\_ No Desire future admission? \_\_\_ Yes \_\_\_ No

(If you desire future admission, please contact us when you are ready.)

Church: \_\_\_\_\_ Funeral Home: \_\_\_\_\_

Physician: \_\_\_\_\_ Dentist: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Other Healthcare Providers: \_\_\_\_\_

Social Security # \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Past or present occupation: \_\_\_\_\_

Military (yourself or spouse): \_\_\_\_\_

Have you ever been in another nursing home? \_\_\_\_\_ When? \_\_\_\_\_

Check all that are appropriate: **(Please provide the facility with a copy)**

- Guardian  
 Durable Power of Attorney  Health Care  Finances  
 Other (living will, conservator, etc.)

Who to contact in case of emergency:

- |                        |                        |
|------------------------|------------------------|
| 1) Name _____          | 2) Name _____          |
| Address _____          | Address _____          |
| City, State, Zip _____ | City, State, Zip _____ |
| Phone _____            | Phone _____            |
| Relationship _____     | Relationship _____     |
| E-mail Address _____   | E-mail Address _____   |

**(Please turn page over) →**

Who to contact in case of emergency (continued):

3) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

Insurance Information:

Medicare # \_\_\_\_\_ Part A \_\_\_\_\_ Part B \_\_\_\_\_

Medical Assistance # \_\_\_\_\_ Effective Date: \_\_\_\_\_

Long Term Care Insurance Company \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Is this a Medicare supplement?  Yes  No

Subscriber Number # \_\_\_\_\_ Group Number # \_\_\_\_\_

Financial Information: (Check one box: Are assets on this form available for)

Individual seeking admission or  Individual seeking admission and spouse living in the community.

Fixed Monthly Income:

Social Security/SSI \$ \_\_\_\_\_  
Pensions \$ \_\_\_\_\_  
Annuities or Trust Funds \$ \_\_\_\_\_  
Veteran Benefits \$ \_\_\_\_\_  
Rents \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Monthly Income From Other Sources:

Dividends, Interest \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Assets:

Stocks, Mutual Funds, Bonds \$ \_\_\_\_\_  
Savings Accounts, Checking \$ \_\_\_\_\_  
Certificates of Deposit \$ \_\_\_\_\_  
Real Estate \$ \_\_\_\_\_  
Life Insurance \$ \_\_\_\_\_  
Other (i.e., burial trust) \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

Person completing application: \_\_\_\_\_

Telephone: \_\_\_\_\_