

# Application for Park Terrace at Radisson



2981 Town Center Road  
Baldwinsville, New York 13027

## LEVEL OF CARE IN WHICH APPLICANT IS APPLYING FOR:

*(please check one)*

Adult Care \_\_\_\_\_

Memory Care Neighborhood \_\_\_\_\_

Name of applicant \_\_\_\_\_  
Last First Middle Initial

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

Phone \_\_\_\_\_ County \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Religion \_\_\_\_\_ SS# \_\_\_\_\_

Medicare Number \_\_\_\_\_ (A) \_\_\_\_\_ (B) \_\_\_\_\_ Medicaid Number \_\_\_\_\_

Veteran \_\_\_\_\_ yes \_\_\_\_\_ no Funeral Arrangements \_\_\_\_\_

Other Insurance Coverage *(please specify company and policy numbers):*

1) \_\_\_\_\_

2) \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (s) \_\_\_\_\_

## Primary Contact Person/Person to Contact in Case of Emergency

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Power of Attorney \_\_\_\_\_ Yes \_\_\_\_\_ No

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

## Secondary Contact Person(s)

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Power of Attorney \_\_\_\_\_ Yes \_\_\_\_\_ No

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Power of Attorney \_\_\_\_\_ Yes \_\_\_\_\_ No

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

**CONFIDENTIAL FINANCIAL DISCLOSURE**

**Monthly Income:**

Social Security	_____
Supplemental Social Security	_____
Interest Income	_____
Dividend Income	_____
Pension	_____
Annuity	_____
Support from relatives	_____

**Banking Assets:**

**Total Value**

Savings Accounts (bank names and account numbers):

_____	_____
_____	_____

Checking Accounts (bank names and account numbers):

_____	_____
_____	_____

**Investments:**

Certificates of Deposit (bank name):

_____	_____
_____	_____

Stocks/Bonds (name and number of shares):

_____	_____
_____	_____

Mutual Funds:

_____	_____
_____	_____

**Life Insurance:**

Paid Up Life Insurance Policies:

_____	_____
Revocable _____ Irrevocable _____	_____

**Real Estate:**

Property Address:

_____	_____
_____	_____

**Other Assets:**

**Total Value:**

_____	_____
_____	_____

The financial information on this form is a true and correct statement of my financial position to the best of my knowledge.

_____	or	_____	
Signature of Applicant	Date	Signature of Applicant	Date

## MEDICAL CONDITION

Does the applicant smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No; if yes, how much: \_\_\_\_\_

### Please check yes or no for the following questions:

Incontinent: \_\_\_\_\_ yes \_\_\_\_\_ no  
(bowel \_\_\_\_\_ bladder \_\_\_\_\_ or both \_\_\_\_\_ )

Walks unassisted: \_\_\_\_\_ yes \_\_\_\_\_ no

Uses walker: \_\_\_\_\_ yes \_\_\_\_\_ no

Uses cane: \_\_\_\_\_ yes \_\_\_\_\_ no

Uses wheelchair: \_\_\_\_\_ yes \_\_\_\_\_ no

Dentures: \_\_\_\_\_ yes \_\_\_\_\_ no

Glasses: \_\_\_\_\_ yes \_\_\_\_\_ no

Does the applicant require assistance with any of the following needs?

Eating: \_\_\_\_\_ yes \_\_\_\_\_ no

Dressing: \_\_\_\_\_ yes \_\_\_\_\_ no

Bathing: \_\_\_\_\_ yes \_\_\_\_\_ no

Special Diet: \_\_\_\_\_ yes \_\_\_\_\_ no

(if yes, please specify diet: \_\_\_\_\_ )

Has the applicant exhibited the following behavior:

Memory Loss: \_\_\_\_\_ yes \_\_\_\_\_ no

Confusion: \_\_\_\_\_ yes \_\_\_\_\_ no

Verbal Disruption: \_\_\_\_\_ yes \_\_\_\_\_ no

Physical Disruption: \_\_\_\_\_ yes \_\_\_\_\_ no

Hallucination: \_\_\_\_\_ yes \_\_\_\_\_ no

Delusions: \_\_\_\_\_ yes \_\_\_\_\_ no

Depression: \_\_\_\_\_ yes \_\_\_\_\_ no

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL/SOCIAL INFORMATION

Please complete the following:

Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Significant Lifetime Events/Contributions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Food Likes: \_\_\_\_\_

\_\_\_\_\_

Food Dislikes: \_\_\_\_\_

\_\_\_\_\_

### Additional Comments or Information (optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Acknowledgement Statement:

I acknowledge that the above information furnished on this application is true and as accurate to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party \_\_\_\_\_ Date \_\_\_\_\_