TOLSTOY FOUNDATION REHABILITATION & NURSING CENTER
100 Lake Road, Valley Cottage, N. Y. 10989
Telephone (845) 268-6813* FAX (845) 268-7673

APPLICATION FOR ADMISSION

Please complete all questions. If information is not available, please indicate so.

Applicant will be required to sign a Financial Guarantee Statement.
This Financial Guarantee Statement may be waived in some already approved Medicaid applications.

Name: Mr./Mrs./Ms. _____
First Middle Last

Date of Birth: _____ Place of Birth: _____

Date of admission: _____

Legal Address/Present Address: _____

Check One: ( ) Own Home ( ) Apartment ( ) With Family/Friends ( ) Adult Home ( ) Nursing Home ( ) Other

Status: ___Never Married _____Married _____Widowed _____Separated _____Divorced

Name of Spouse: _____

Is Applicant a Citizen of the U. S. ? _____Yes _____No

If Yes: _____Natural born Naturalized Citizen Date: _____

If **not** U. S. Born: Please provide **copy** of Alien Registration or Naturalization Papers

Date of Arrival: _____ Country entered From: _____

Port of Entry: _____ Date moved to N. Y. State: _____

Social Security #: _____

Medicare #: _____ Medicaid #: _____ County: _____

Private Health Insurance Co: _____ Policy #: _____ (Attach copy of card/policy)

Nursing Home Coverage: _____Yes _____No Medical Coverage: _____Yes _____No

Should applicant no longer meet the requirements for skilled nursing care and discharge becomes necessary, what alternatives would be available:

_____

Power of Attorney: _____
Name Address Telephone

Responsible Parties in decision making:

Name	Address	Tel. # (Home/Business)	Relationship

Person to be notified in the event of illness: _____

_____**ANY TIME** day or night _____Between 8AM & 10 PM _____At time of death only

Do all children know about this application: _____Yes _____No

Physician's Name: _____ Address: _____ Tel.#_____

Dentist's Name: _____ Address: _____ Tel. #_____

Will Physician Care for Patient in Nursing Home: _____Yes _____No

Existing Health Care Advance Directives (check all that apply and attach copies)

_____Health Care Proxy _____Living Will _____Do Not Resuscitate

_____Feeding Restrictions _____Other

Will you be in need of financial assistance? _____Yes _____No

Social Security Pension Amount: $_____ Receives at: _____

Name & Address of
Other Income Source and Amount:_____

If there is no Medicaid Number for Chronic Care – copies of 36 months of financial information in requested with application.

Bank Accounts & Names of Signors: _____

Bank _____ Account # _____ Amount _____

Property Owned: _____ Value: $_____

Name of Life Insurance Policy and Number, Including Cash Value: $_____

Do you have a will? _____Yes _____No

Are you a veteran? _____Yes _____No Is your spouse a veteran? _____Yes _____No

Present or Past Union Member? _____Yes _____No Benefits: $_____

Burial Pre-Arrangements:

Person responsible for burial arrangements:_____

Funeral Home Preference: _____ Plot Location: _____

Burial Fund: _____Yes _____No With: _____

NOTE: ***If a preference is not indicated above by you, in the event of death, the Tolstoy Foundation Nursing Home will call upon a local funeral home for holding.***

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1. I understand admission is based on medical need and therefore authorize Tolstoy foundation Nursing Home to request any and all medical information necessary.

2. I understand the Bed Retention Policy, which was attached to the admission application.

3. I understand that the attending physician may be calling in medical consultants when he Deems it necessary, and that I will be informed in advance if any invasive procedures are advised.

Signature: _____

Relationship (if other than Applicant): _____

Date: _____

Federal and state laws prohibit discrimination based on race, sex, handicap, disability, color, creed, blindness, religion, national origin, source of payment, marital status, age, sexual preference and retention and care of Residents.

Revised November, 2007

Name of Applicant: _____

Religion: _____ Name of Clergy: _____

If Eastern Orthodox – Saint's Day_____

Spouse's Name: _____ Spouse's Occupation: _____

Date of Marriage:_____ Place of Marriage:_____

If deceased, give date: _____ Any Previous Marriages? _____

Father's Name: _____ Mother's Maiden Name? _____

Father's Occupation: _____ Mother's Occupation: _____

How many brothers/sisters older than you: _____ Younger than you: _____

Children's Names: _____

How Many Grandchildren: _____

Languages Spoken: _____ Education: _____

Occupation/Skill: _____ Work History: _____

Last Place of Employment: _____

Retirement Date: _____ Occupation after Retirement: _____

Community Involvement: _____

Registered to Vote? _____Yes _____No

Wish to Vote by Absentee Ballot? _____Yes _____No

FAVORITE ACTIVITIES. Please check as many as apply.

	Past	Present		Past	Present
Church	_____	_____	Gardening	_____	_____
Cooking	_____	_____	**Games:**		
Crafts:			Bingo	_____	_____
Crocheting	_____	_____	Board/Cards	_____	_____
Woodwork	_____	_____	Bridge	_____	_____
Painting	_____	_____	Pets	_____	_____
Needlework	_____	_____	Reading	_____	_____
Cultural Events:			Shopping	_____	_____
Ballet	_____	_____	Thinking	_____	_____
Musical	_____	_____	TV/Movie	_____	_____
Singing	_____	_____	Visiting	_____	_____
Theater	_____	_____	Walking	_____	_____
Current Events	_____	_____	Other	_____	_____
Exercise/Sports	_____	_____			

Revised: March 2005