TANGLEWOOD GROUP

Where caring and community come together.

560 Fairmount Avenue
Jamestown, NY 14701

P: (716) 483-2876
F: (716) 483-2832

☐ **Tanglewood Manor**
☐ **Frewsburg Rest Home**
☐ **Friend For a Day**
☐ **Adult Day Care**
☐ **Partners in Care Home Care**
☐ **Memory Garden**
☐ **Respite Care**

PLEASE ANSWER ALL QUESTIONS AS COMPLETLY AS POSSIBLE

I. PERSONAL DATA

Name _____ Phone _____

Where is applicant presently? _____
Street City State Zip

Facility name (if any) _____

How long have you lived in the above address? _____

Home address if diffrent from above _____

Date of Birth _____ Birthplace _____ US Citizen? ____ Yes ____ No

Marital Status _____Single _____Married _____Widowed _____Separated _____Divorced

Name of spouse (even if deceased) _____

Date of spouse's birth _____ death _____ marriage _____

Give nearest relatives:

Name _____ Relationship _____ Phone _____

Street _____ City _____ State ____ Zip _____ Business Phone _____

Name _____ Relationship _____ Phone _____

Street _____ City _____ State ____ Zip _____ Business Phone _____

Name _____ Relationship _____ Phone _____

Street _____ City _____ State ____ Zip _____ Business Phone _____

Were you ever in the U. S. Armed Services? _____ Dates _____

Branch of Service _____ ID Number _____

Attending Physician: Name _____

Address _____ Phone _____

II. FINANCIAL DATA

Cash Assets

Bank: _____ Bank: _____

Checking Acct# _____ Savings Acct # _____

Account Balance $ _____ Account Balance $ _____

Certificate of Deposit? ____Yes ____ No If Yes, approximate amount _____

Real Estate

Applicant owns a home? ____Yes ____No Approximate value $ _____

Applicant owns other properties ____Yes ____ No Approximate value $ _____

Does Applicant receive any rental income? ____ Yes ____No

Does Applicant have a Life Estate or Life Use of a property? ____ Yes____No Approximate value $_____

Rental income per month $_____ Per Year $_____

Securities

Does applicant have stocks and bonds? ____Yes ____ No

Does applicant have an Annuity or IRA? ____Yes ____ No

If yes approximate value of all securities _____

Life Insurance

Does Applicant have life insurance policies? ____Yes ____No

Face Value: $ _____ Cash Value: $ _____

Annuities: $ _____ Company Name: _____

Other Income

Social Security $ _____ SSI $ _____

Pension $ _____ VA Pension $ _____

Disability $ _____ Other $ _____ Type: _____

Burial

Does applicant have a prepaid burial fund? ____Yes ____No Is it Irrevocable? ____Yes ____No

Bank holding the burial: _____

If yes, approximate value $ _____

Funeral Home (address and phone number) _____

Liabilities

Home Mortgage ____Yes ____No If yes, amount owed _____

Loans ____Yes ____No If yes, amount owed _____

Credit Cards ____Yes ____No If yes, amount owed _____

Other (home equity, etc) ____Yes ____No If yes, amount owed _____

Divesting

Has applicant/financial representative transferred assets or property in the past 60 months to someone other than yourself? ____ Yes ____ No If yes, Value $ _____ Date of Transfer _____

Has applicant given gifts of money in the last 60 months?

____ Yes ____ No If yes, Value $ _____ Date of Gift _____

Has applicant issued any Promissory Notes?

____ Yes ____ No If yes, Value $ _____ Date of Issue _____

Has applicant been a part of a Personal Care Agreement?

____ Yes ____ No If yes, describe _____ Date of Agreement _____

Additional Financial Information _____

_____

Trusts

Has Applicant been the settlor or grantor of any trust or trusts? ____ Yes ____ No

Is Applicant the current, contingent and/or discretionary beneficiary of any trust or trusts? ____ Yes ____ No

If the answer to any of the preceding questions in this section Trusts is "yes", please provide a full copy for all such trust(s) with any amendments thereto.

Person Assisting with Finances

Name: _____ Telephone #: _____

Address: _____ Work # _____

Council

Are you currently working with an attorney or other firm for _____ Estate Planning _____Medicaid Planning

If yes, please list name of firm _____

III. STATISTICAL DATA

Social Security Number: _____ Medicaid Number: _____

Medicare Number: _____ Part A _____ Part B _____

Other Insurance: _____ Prescription Coverage: _____

Who shall be notified in case of serious illness or death? (Include business phone if appropriate)

Name: _____ Telephone #: _____

Address: _____ Work # _____

IV. SOCIAL DATA

What are your present living arrangements? _____

_____

Do you prepare your own meals and care for your own person without assistance? _____

Are you on a special diet?_____ Specify_____

Why do you desire residence?_____

Are you receiving any assistance at home at this time?____ Yes ____ No

If yes, briefly discribe:_____

Ageny Name: _____ Address_____

V. MENTAL HEALTH DATA

Do you have a history of a mental health diagnosis?____ Yes ____ No

Type of diagnosis?_____ Name Metal Health Doctor: _____

How often do you see your Mental Health doctor?_____

When was the last date and how long were you hospitalized for your mental health issues? _____

Where? _____

Education – circle highest year completed:

Grade school – 1 2 3 4 5 6 7 8 High School – 1 2 3 4

Further training – specify _____

What has been your occupation(s)? _____

How long since you were a wage earner? _____

Please check all that apply

____ Health Care Proxy ____ Living Will ____ POA ____ DNR/Advance Directive ____ Medicaid Managed Care

I, _____ the resident and/or the Designated Representative each separately and individually warrant that the financial information submitted to the facility concerning the Resident's finances is true, accurate and complete in all material respects, and that there are no material omissions.

I/we acknowledge that The Tanglewood Group has relied and will continue to rely upon my/our truthful representation of all of the Resident's known income, assets, resources and liabilities, as well as my/our full disclosure of any transfers of income, and that my/our misrepresentation or failure to provide full disclosure may result in an interruption in payment or in qualification for benefits for payment of expenses incurred by the resident.

Representations, Warranties and Indemnification Agreement

Upon satisfactory review of the Admission Application, including the representations and warranties made herein, The Tanglewood Group will consider the Resident for admission.

The Resident and Designated Representative each acknowledge The Tanglewood Group's reliance on the statements made by them in the Admission Application and the promises made herein and agree to Indemnify and hold The Tanglewood Group harmless from any and all liability, loss, expense, and/or damage which the Tanglewood Group may incur by reason of any misrepresentation contained in either document or their noncompliance with other document.

The Resident and Designated Representative represent and warrant to The Tanglewood Group that the Resident's assets are fully and accurately disclosed on the Admission Application and that there have been no transfers of the Resident's ownership interest in any assets or resources with the past 60 months for which fair payment has not been received other than those listed.

The Resident and Designated Representative agree that neither of them has previously done anything nor will either of them at any time hereafter do anything that would cause the Resident to become ineligible or disqualified for Medicaid for any period of time whether by reason of having transferred the Resident's present or future acquired assets without receiving fair payment or value in exchange for such transfer
or otherwise.

The Resident and Designated Representative, collectively and individually, represent and warrant to The Tanglewood Group that all assets listed in Section II Financial Data are titled and held solely in the name of the Resident, except as otherwise specifically stated in said Section II Financial Data.

The Resident and Designated Representative, collectively and individually represent and warrant to The Tanglewood Group that neither the Resident nor the Designated Representative has caused a transfer of any assets of Resident to a trust or trusts. The Resident and Designated Representative represent, warrant and agree that neither Resident nor Designated Representative, for a term of at least five consecutive years hereafter, will cause assets of the Resident to be transferred to a trust or to any other transferee for less than fair and adequate consideration. Any transfer by Resident and/or Designated Representative of assets owned, in full or in part, by the Resident to a trust that is not fully revocable and/or which does not include a retained unconditional and unlimited power in favor of the Resident to cause the Trustee to distribute the full corpus of such trust(s) to Resident shall be deemed a transfer for less than fair and adequate consideration.

Resident and Designated Representative, collectively and individually, warrant and represent to each Tanglewood Group adult care facility identified on the first page of this Admissions Agreement, collectively and individually a "Facility", that (i) Resident has sufficient net assets and will have sufficient net assets to fully pay the Facility for all rent, charges and expenses due the Facility pursuant to its Admissions Agreement with Resident on a private pay basis, and without medicaid, SSI or other third party/governmental reimbursement program for a term of at least two (2) years from the date of this Admission Application and (ii) Resident and the Designated Representative will not voluntarily permit or authorize any transfer, gift or depletion of the Resident's assets and/or any increase of the Resident's liabilities other than those asset transfers/increases to liabilities resulting from for the daily and customary living expenses of the Resident.

(__ Initials)

All representations, warranties, promises and covenants of the Resident and the Designated Representative contained herein shall survive any subsequent entry by The Tanglewood Group and Resident and/or Designated Representative into any residency agreement for admission of Resident into any Tanglewood Group facility as identified on the first page hereof.

The Resident and Designated Representative agree that prior to exhausting the Resident's assets and resources, they will make timely application for Medicaid. The application shall be made in such manner and at such time tha the Resident will be able to pay his/her obligations to The Tanglewood Group by means of the Resident's assets and resources and/or medical assistance provided by the State of New York or other government agency.

The Designated Representative represents, warrants and promises to the The Tanglewood Group that he/she will not accept transfer of or retain any assets from the Resident for less than fair and adequate consideration, outright and/or in trust, for a term of 60 months on and after the date of this application.
All such assets received by the Designated Trust shall be held by the Designated Representative for the benefit of The Tanglewood Group.

If the Resident is denied timely Medicaid coverage due to the willful or negligent failure of Resident and/or Designated Representative to abide by this Agreement, they agree to indemnify and hold The Tanglewood Group harmless of and from any and all loss or damage occasioned by any misrepresentation or failure to qualify for Medicaid and they each agree to pay and reimburse The Tanglewood Group unconditionally all amounts that The Tanglewood Group would have received had a timely Medicaid pick-up date occurred.

The representations, warranties, promises and covenants of the Resident and Designated Representative contained herein in favor of The Tanglewood Group shall inure to the benefit of, collectively and individually, The Tanglewood Group and each of its' affiliated facilities identified at the top of the first page of this application.

I have reviewed the information contained herein, and represent that it is factually true, accurate and complete. I understand that The Tanglewood Group utilizes this information in the admissions decision process. The above terms and conditions will become effective and be binding upon and enforceable against the Resident and the Designated Representative upon The Tanglewood Group's admission of the Resident pursuant to this Admission Application, the terms and provisions of which are hereby agreed to the

_____ day of _____ , 20___ by The Tanglewood Group and

(Please Print) _____ ("Resident")

and (Please Print) _____ ("Designated Representative")

_____ /_____

Applicant's/Resident's Signature Date

_____ /_____

Representative's Signature Date

It is the policy of Tanglewood Manor to admit and treat all patients without regard to race, creed, color, national origin, sex, handicap, or source of payment.