



1001 Lincoln Avenue Lockport, NY 14094 716.433.1513

Briarwood Manor Assisted Living Program

It is the policy of Briarwood Manor to admit and treat all persons without regards to race, creed, color, religion, sponsor, national origin, sex, sexual preference, blindness, other handicaps or source of payment.

Please Answer All Questions As Completely As Possible.

Personal Data

1. Name _____ Phone _____
Last First M.I.

2. Home Address _____
Street City State Zip

Own Rent Other _____

How long have you lived at the above address? _____

3. Where is this person currently? _____

4. Date of Birth _____ Sex M F Birthplace _____

5. American citizen? Yes No

6. Marital Status Single Married Widowed Separated Divorced

Name of spouse (even if deceased) _____ Maiden Name _____

Date of spouse's birth _____ death _____ marriage _____ divorce _____

7. List nearest relatives/Significant others:

Name _____ Relationship _____ Home Phone _____

Street _____ City _____ State _____ Zip _____ Business Phone _____

Name _____ Relationship _____ Home Phone _____

Street _____ City _____ State _____ Zip _____ Business Phone _____

Name _____ Relationship _____ Home Phone _____

Street _____ City _____ State _____ Zip _____ Business Phone _____

8. What has been your occupation? _____

Date of Retirement _____

9. Are you a US Veteran Yes No Date of Service _____

Are you a spouse of a Veteran Yes No

10. Attending Physician Name _____

Address _____ Phone _____

HAS APPLICANT PROVIDED THE FOLLOWING?

Social Security Card

Power of Attorney

Private Insurance Card

Medicare Card

Guardianship

Durable Power of

AARP & Other Association Cards

Medicaid Card

Attorney for Health Care

Living Will

Pre-Need Burial Contracts

Financial Section

(Do not leave spaces blank - enter 0 where appropriate)

11. Please state monthly income

Amount of Total Income _____

Social Security _____ Interest _____

Pensions _____ Other _____

SSI _____ VA _____

12. Please list value of all resources with Names of Financial Institution

Savings account _____ Checking account _____

Securities _____ Real Estate _____

Burial Fund _____
Type _____ *Amount* _____ *Where* _____

Have you transferred any assets or resources? If so, What _____ When _____

Other _____

Remarks _____

Statistical Section

13. Medicaid Yes No Effective date _____

14. If 'yes' Medicaid number _____ Type of coverage _____

County of Origin _____ Case Worker _____

Street _____ City _____ State _____ Zip _____ Phone _____

15. Please list Social Security number _____

Medicare number _____ Medicare A effective date _____

Medicare B effective date _____

Medicare D effective date _____

16. Do you have prescription coverage?

Name of Policy _____ ID# _____ Effective date _____

17. Do you have hospital insurance? Yes No

If 'yes' give Company and policy number _____ Group _____

18. Preferred Hospital _____

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

Name _____ Relationship _____

Address _____ Home Phone _____ Business Phone _____

20. Funeral home Name _____

Address _____ Phone _____

21. Do you have a burial lot? Yes No

Cemetery _____ Lot No. _____

22. Do you have: Health Care Proxy Living Will Donor Card Do Not Resuscitate Order

*Please submit copies of all pertinent identification cards.

Social Data

23. What are your present living arrangements? (do you live alone, with spouse, or with others?) _____

24. Do you need assistance with meal preparation or personal care? Please explain _____

25. Are you on a special diet? _____ Specify _____

26. Do you need assistance of any device for ambulation? Yes No Explain _____

27. Do you have a visual impairment? Yes No Describe _____

Glasses Yes No

Hearing Aid Yes Right Left No

Dentures Yes Upper Lower No

28. Briarwood Manor desires to provide and promote a smoke free environment for its residents and staff. All perspective residents must sign an agreement not to smoke in the building or on the grounds.

Do you smoke? Yes No

Did you smoke in the past? Yes No

How long ago did you quit? _____

29. Why do you desire residence? _____

30. Education - circle highest year completed

Grade School - 1 2 3 4 5 6 7 8

High School 1 2 3 4

Further training - specify _____

31. Mental health care in the past 5 years? Yes No

Provider _____

Address _____

Phone _____

32. Person filing this application (other than self)

Name _____

Street _____ City _____ State _____ Zip _____

Relationship _____ Home Phone _____ Business Phone _____

33. Power of Attorney/Responsible Party Yes No

Name _____

Address _____

Phone _____

34. How did you hear about us? _____

Pre-Admission Record

- Official Use Only -

Date completed application was received _____

Rating by social Work representative _____

Placed on waiting list Date _____ Private Semi First Floor Second Floor