



Residency Application
 Glenmere at Cloverwood
 One Wheatley Terrace
 Pittsford, NY 14534-1733

Phone: 585-248-1200 Fax: 585-248-1201

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The undersigned hereby applies for residency to Glenmere and agrees to comply with all current and future policies and procedures of Glenmere.

PERSONAL INFORMATION

Applicant's Name Last:		First:	
Address			
City	State	Zip	
Telephone Number	Date of Birth	Age	Present Housing (apartment, private house, condo, etc.)

POWER OF ATTORNEY/GUARDIAN AND FAMILY INFORMATION

The following are the names, residences and phone numbers of any guardians, the holder(s) of my power of attorney and children. If no children, list interested relatives and friends.

1. Spouse Power of Attorney			Relationship:
Address (include city, state, zip):			
Work Phone:	Home Phone:	Cell Phone:	
2. Spouse Power of Attorney			Relationship:
Address (include city, state, zip):			
Work Phone:	Home Phone:	Cell Phone:	
3. Child Relative Friend			Relationship:
Address (include city, state, zip)			
Work Phone:	Home Phone:	Cell Phone:	
3. Child Relative Friend			Relationship:
Address (include city, state, zip):			
Work Phone:	Home Phone:	Cell Phone:	
3. Child Relative Friend			Relationship:
Address (include city, state, zip)			
Work Phone:	Home Phone:	Cell Phone:	
3. Child Relative Friend			Relationship:
Address (include city, state, zip)			
Work Phone:	Home Phone:	Cell Phone:	

INSURANCE INFORMATION

Social Security Number	Medicare Number	Medicaid Number
- -		
Medicare Part A	Yes [] No []	Medicare Part B
		Yes [] No []
Other Supplemental Insurance	Yes [] No []	Policy Number
		Group Number
Long Term Care Policy	Yes [] No []	Policy Number
		Contact Phone Number
		- -

If yes, please provide a copy of the long-term care policy for review of assisted living provisions and benefits.

FINANCIAL INFORMATION

Monthly Income

1. Social Security \$ _____
2. Pension/Retirement \$ _____
3. Other Income \$ _____
please describe :

Assets and Liabilities

1. Savings & CDs \$ _____
2. Stocks & Bonds \$ _____
3. Trust & Estate Equities \$ _____
4. Value of Real Estate \$ _____
5. Address(es) of Real Estate \$ _____

Other Assets: \$ _____

Total Assets: \$ _____

Total Liabilities \$ _____

Is Real Estate owned by applicant, for sale, and will sale proceeds be applied to fund residency at Glenmere?
YES _____ NO _____

PERSONAL PROPERTY AND FINANCIAL ASSETS

Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number



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CERTIFICATION			
I represent that each and every statement above is true, that I have not withheld any information requested herein, and that I have read this application or had it read to me and it has been fully explained to me.			
I understand that should _____ become unable to continue paying his/her monthly fee, assistance will be given with a referral to an alternate living accommodation more suited to the current financial situation.			
All prospective residents will complete a health and financial review to determine eligibility for residency at Glenmere at Cloverwood. The decision to accept applicant for residency is at the sole discretion of sponsor. Such decisions will be consistent with applicable non-discrimination and civil rights laws.			
Signature of Applicant _____		Witness _____	
Date _____		Date _____	
GLENMERE AT CLOVERWOOD		X	
By: _____		If Applicant's signature is by mark, second witness	
Date: _____		Date: _____	
IN COMPLIANCE WITH ALL FEDERAL AND STATE CIVIL RIGHTS LAWS AND REGULATIONS, GLENMERE DOES NOT DISCRIMINATE BASED ON RACE, RELIGION, CREED, COLOR, NATIONAL ORIGIN, HANDICAP, DISABILITY, BLINDNESS, GENDER, SEXUAL PREFERENCE, OR MARITAL STATUS IN THE APPLICATION FOR RESIDENCY, RETENTION AND CARE UPON RESIDENCY. GLENMERE TREATS ALL PROSPECTIVE RESIDENTS AND RESIDENTS ON THIS NON-DISCRIMINATORY BASIS.			

*Glenmere is a non-smoking neighborhood.



ASSISTED HOUSING PROGRAM

CONFIDENTIAL HEALTH STATUS REPORT

HEALTH INFORMATION

Name _____ Date of Birth _____
Last Name First Name M.I. M/D/Y

1. Summary of Significant Medical Conditions, if any:

2. Current Listing of Medications:

3. Known Allergies:

4. Please briefly describe the assistance you would require.

5. Please list and describe the reasons for any periods of hospitalization, surgeries, or psychiatric illness, you have had in the past three years.

6. Please provide the name, address and telephone number of your primary care physician.

Physician _____

Address _____

Phone _____

7. Please list the names of any other physicians or health professionals you have seen in the last 12 months, and indicate their areas of specialty.

Physician _____ Area of Specialty _____

Address _____ Phone _____

Physician _____ Area of Specialty _____

Address _____ Phone _____

Physician _____ Area of Specialty _____

Address _____ Phone _____

I acknowledge that acceptance of my application for occupancy of a residence at Glenmere at Cloverwood will be determined by Cloverwood Senior Living, Inc. ("Sponsor") based on the information I provide to Sponsor. I further understand that, prior to approving my application for residency at Glenmere at Cloverwood, a written statement of health condition (form 3122) must be completed by a primary care physician and that the sponsor may request additional information concerning my health status. I hereby declare that all statements made herein and all other information I have provided to Sponsor in connection with my application for residency are true according to my best knowledge and belief.

Signature

Date