GLENMERE
assisted living & memory care at cloverwood

**Residency Application**
**Glenmere at Cloverwood**
**One Wheatley Terrace**
**Pittsford, NY 14534-1733**
**Phone: 585-248-1200 Fax: 585-248-1201**



**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/GUARDIANAND 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 (circle one) | | Relationship: |
| Address (include city, state, zip): | | |
| Work Phone: | Home Phone: | Cell Phone: |
| 2. Spouse/Power of Attorney (circle one) | | 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: |
| 4. Child/Relative/Friend | | Relationship: |
| Address (include city, state, zip): | | |
| Work Phone: | Home Phone: | Cell Phone: |
| 5. Child/Relative/Friend | | Relationship: |
| Address (include city, state, zip) | | |
| Work Phone: | Home Phone: | Cell Phone: |
| 6. Child/Relative/Friend | | Relationship: |
| Address (include city, state, zip) | | |
| Work Phone: | Home Phone: | Cell Phone: |

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## 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.

## FNANCIAL 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, available for sale, and will sale proceeds be applied, if necessary, to fund residency at Glenmere? YES_____ NO _____ Value $_____**

## 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 |

| **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 Date

Witness Date

X

If Applicant's signature is by mark, second witness

GLENMERE AT CLOVERWOOD

By: _____

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.

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# 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