



Skilled Nursing & Rehabilitation

25 North Malcolm Street, Ossining, New York 10562

Phone: 914-941-2450 Fax: 914-941-2531 Web: www.victoriahome.org

Financial Disclosure

STATE AND FEDERAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, CREED, SEX, SEXUAL PREFERENCE, AGE, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY OR SOURCE OF PAYMENT.

Applicants Name (Last, First, Middle)	Date of Birth	Social Security Number	Today's Date
Are you a US Citizen? (If yes, skip the next question)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Registered Alien? (If yes, Alien Registration Number _____)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Resident of New York State? (If No, State of Residency _____)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Length of Residency: In the United States: _____		In your State of Residency: _____	
<u>Financial Contact:</u>			
Name (Last, First, M.)		Address (#, Street, City, State, Zip)	
H ()	W ()	C ()	
Phone Numbers			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Relation to Applicant	E-mail Address	Power of Attorney?	
Insurance Information			
<i>Please attach copies of all insurance ID Cards (Front & Back)</i>			
Medicare Number	Part A Effective Date	Part B Effective Date	Part D Effective Date
Has Applicant been hospitalized and or placed in a skilled nursing facility within the last 60 days? (If yes, please complete the requested information below).			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Facility</u>	<u>Admission Date</u>	<u>Discharge Date</u>	<u>Contact</u>
			<u>Phone</u>

Financial Information

Please attach copies of most recent Investment Account and/or Bank Account Statements that were in existence over the past 60 months, even if currently closed

Is this a joint account? Y N

Bank Name/Address	Contact/Phone	Account Number	Account Type	Account Balance
				Is this a joint account? <input type="checkbox"/> Y <input type="checkbox"/> N
Bank Name/Address	Contact/Phone	Account Number	Account Type	Account Balance

Were there any transfers of cash from any bank account over the past 60 months for which you did not receive fair consideration in return, i.e. a gift? **If yes, please explain:** Y N

Income

*Please provide copy of budget letter, check or other similar document
Please indicate source of income: Pension/Annuity/Dividend/Interest/Trust*

Source	Payer	Contact/Phone	ID/Account Number	Amount
Social Security	SSA			\$
Pension				\$
				\$
Do you have any other sources of income not listed above (compensation, rental, royalty, etc?)				<input type="checkbox"/> Yes <input type="checkbox"/> No

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Medicaid Number	County of Eligibility
Has a Medicaid Application Been Filed? (If yes, please provide the requested information) <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Date Filed	Contact Person	Phone Number
Does Applicant have any other Insurance Coverage? (If yes, Please provide the requested information) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Payer Name	Policy Number	ID Number	Contact/Phone

Resources

Do you own real property (home, summer home, cottage, timeshare, etc.)? If yes please provide the requested information Yes No

Description	Location	Value
		\$
		\$

Have you or your spouse given away any cash or sold/transferred any real estate, personal property, or income in the past 60 months? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Have you or your spouse <u>ever</u> created a trust or transferred any assets into a trust within the past 60 months? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Do you or your spouse have an interest in an annuity other than an IRA or “Qualified” employer plan? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Are you or your spouse a party to a Personal Services Contract? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No															
Do you have any life insurance policies? (If yes, please provide the requested information)	<input type="checkbox"/> Yes <input type="checkbox"/> No															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Carrier</th> <th style="width:20%;">Contact/Phone</th> <th style="width:25%;">Address</th> <th style="width:20%;">Beneficiary</th> <th style="width:20%;">Cash Value</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	Carrier	Contact/Phone	Address	Beneficiary	Cash Value					\$					\$	
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				\$												
				\$												
Do you have a pre-planned burial arrangement? If yes, please provide the information below:	<input type="checkbox"/> Yes <input type="checkbox"/> No															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Funeral Home</th> <th style="width:25%;">Address</th> <th style="width:25%;">Contact</th> <th style="width:25%;">Phone</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Funeral Home	Address	Contact	Phone												
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Have you ever retained the services of an elder care attorney? (If yes, please provide the name, address and phone number of your attorney)	<input type="checkbox"/> Yes <input type="checkbox"/> No															
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<h3><i>Certification</i></h3> <p><i>I understand that Victoria Home is making a decision to admit the applicant and relying in part, on the information provided in this application and that the information provided is true and accurate and there are no omissions of any material facts that would impact that decision.</i></p>																
Signature	Date															