GOOD SHEPHERD *Communities*

ADMISSIONS OFFICE
80 Fairview Avenue
Binghamton, NY 13904
Phone: 607-724-2477 • Fax: 607-723-4724
www.goodshepherdcommunities.com

APPLICATION FOR ADMISSION

Good Shepherd Communities offers the following healthcare accommodations.
Please indicate the level for which you are applying:
(Please print in black ink)

Good Shepherd Village at Endwell

- ☐ Skilled Nursing Facility (SNF)
- ☐ Assisted Living Residence (ALR)*
- ☐ Special Needs Assisted Living Residence (SNALR)*

*Enhanced services available at both ALR and SNALR

Good Shepherd Fairview Home at Binghamton

- ☐ Skilled Nursing Facility (SNF)
- ☐ Assisted Living Program (ALP)
- ☐ Assisted Living Residence (ALR)*
- ☐ Apartments for Independent Living (APT)

*Enhanced services available at ALR

Chase Memorial

- ☐ Skilled Nursing Facility (SNF)

APPLICANT INFORMATION

Name in full:

☐ Ms. ☐ Miss ☐ Mrs. ☐ Mr.

_____

Home Address (correspondence will be sent to applicant unless otherwise stated below):

_____

_____

_____

Applicant's Mailing Address (if different than above):

_____

_____

_____

Applicant's E-mail Address:

_____

Telephone #: ( ) _____

County of Residence: _____

Person to be contacted when an opening becomes available:

_____

Telephone #: ( ) _____

E-mail Address:

_____

FINANCIAL INFORMATION

In accordance with Good Shepherds Communities' (GSC) Statement of Financial Responsibility, please complete the following personal financial information, which is required prior to admission and upon request after admission. The information is needed to estimate the number of residents who will need financial assistance and to determine if the applicant has a source of payment, this information will be held in confidence and will not be released to any person, agency, or party other than the GCS and the GCSs advisors without the permission of the applicant.
List below all sources of individual income and/or individual assets, restricted or unrestricted. For joint ownership, please indicate the proportional value.

Please provide copies of all current bank and brokerage firm statements and list all amounts on this application. Please have available upon request a copy of HCP, POR, DMR and insurance card.

INCOME:

1. **Social Security Income:**
   Presently receiving yearly
   (after deductions for Medicare): $ _____

2. **Annuities or Endowment Income:**
   Company: _____
   Plan of payment: _____
   No. of years: _____
   Per year: _____

   Company: _____
   Plan of payment: _____
   No. of years: _____
   Per year: _____

   Company: _____
   Plan of payment: _____
   No. of years: _____
   Per year: _____

3. **Pension or Retirement Plans:** (please indicate if applicant's or spouse's pension)

   _____

a. Is there a cost of living inflator and if so, how does it work?

_____

_____

b. If spouse's, what happens on death of a spouse?

_____

_____

Company: _____
Frequency of payment: _____
No. of years: _____
Amount per year: _____

Company: _____
Frequency of payment: _____
No. of years: _____
Amount per year: _____

Company: _____
Frequency of payment: _____
No. of years: _____
Amount per year: _____

4. **Trust Funds:** (You must provide a copy of the complete document, including any attachments, addendums and/or amendments)

   Plan of Payment (For Life or No. of Years, etc.)

   _____ Amount: $_____

   _____ Amount: $_____

   Who Administers: _____

   Do you have access to the principal? ☐ Yes ☐ No

   If yes, list amount $: _____

5. **Other Income**

   Source: Dividends & Interest – both taxable and non-taxable

   Monthly: $ _____ Yearly: $ _____

   Rental Income

   Monthly: $ _____ Yearly: $ _____

   Other (specify): _____

   Monthly: $ _____ Yearly: $ _____

6. **TOTAL YEARLY INCOME:** $ _____

PERSONAL INFORMATION

Date of Birth: _____

Birth Place: _____

Social Security Number: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Name of Spouse (current or former): _____

Name of Spouse's Employer, if applicable:

_____

Veteran Status: ☐ Yes ☐ No Branch: _____

Persons to contact if unable to contact applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Hospital of Choice: _____

Church Affiliation: _____

Have you ever been a resident at Good Shepherd or another facility? ☐ Yes ☐ No

If yes to the above, please indicate where and when:

_____

How did you hear about or choose Good Shepherd Communities? (check all that apply)

☐ Family/Friend ☐ Physician ☐ TV ☐ Radio
☐ Newspaper ☐ Internet ☐ Location ☐ Attorney
☐ Other (please describe):

_____

Name of your personal physician:

_____

Phone: _____

Name/address of attorney:

_____

_____

_____

Name of person with access to any of your accounts:

_____

Name of person with Power of Attorney for you:

_____

Type of Power of Attorney: ☐ Durable ☐ General

Name of Healthcare Proxy:

_____

Name of DSS (Medicaid) Caseworker:

_____

HEALTH INSURANCE

Heath Insurance	**Policy Number, Letter**	**Company Name**
Medicare A/B		
Medicaid		
Supplemental Insurance		
Prescription/Medicare D		
Long-Term Care Insurance		
Commercial Insurance		

ASSETS:

7. Cash/Checking Accounts $_____
8. Savings Accounts $_____
9. Stocks $_____
10. Bonds/Treasuries $_____
11. Residence $_____
    11 a. Percent Owned %_____
12. Other Real Estate $_____
    12 a. Percent Owned %_____
13. CD & Mutual Funds $_____
14. Total Value of IRAs/TSAs $_____
15. Total Worth of Business Owned $_____
16. Automobile $_____
17. Life Insurance: face amount $_____
18. Net Cash Value $_____
19. Prepaid Funeral Account $_____
20. Where: _____
21. Other Assets $_____
22. TOTAL ASSETS $_____

LIABILITIES

23. Installment Debts $_____
24. Insurance Premiums $_____
    Long-Term Care $_____
    Other $_____
25. Loan/Pledges against Stocks or Bonds $_____
26. Real Estate Loans $_____
27. Personal Notes, Loans, Guarantees $_____
28. Other Liabilities

_____ $_____

_____ $_____

_____ $_____

29. TOTAL LIABILITIES $_____

- **PLEASE NOTIFY GOOD SHEPHERD COMMUNITIES OF ANY SIGNIFICANT CHANGES TO THIS APPLICATION OR THE APPLICANT'S STATUS**
- **AT THE TIME AN OPENING OCCURS YOU MAY BE ASKED TO UPDATE THIS INFORMATION**

Have you executed a trust for your own or someone else's benefit? ☐ Yes ☐ No
If yes, please provide a copy.

Have you gifted or transferred any assets to other persons or entities in the past 6 years? ☐ Yes ☐ No
If yes, please provide and explanation, dates, and amount. _____

_____

Have you executed a promissory note or loan to other persons or entities in the past 6 years?
☐ Yes ☐ No
If yes, please provide and explanation, dates, and amount. _____

_____

Where you required to file a Federal or State Income Tax Return last year? ☐ Yes ☐ No
If yes, please provide a copy.

DECLARATION OF APPLICANT

In completing the application for admission, I/we understand that the filing of this application does not oblige the applicant to enter Good Shepherd Communities (GSC), nor does it guarantee admission to GSC, it merely places the applicant's name on the waiting list. I/we understand that I/we will be asked to update this information at such a time that the applicant may be considered for admission.

I/We, the undersigned, affirm that the answers to all the questions are complete and accurate to the best of my/our knowledge. I/We understand that any conveyance of a resident's assets without adequate consideration that renders the resident unable to pay GSC's bills as they become due, or that disqualifies the resident for Medicaid or SSI status for any period of time will be considered fraudulent by GSC. I/We will not, during residency, transfer or reduce resources needed to carry out my/our commitments to GSC.

Signature of Applicant:

_____

Date: _____

Signature of Designee:

_____

Date: _____