

Cayuga County Nursing Home

PRESENT HISTORY:

Present living arrangements: _____

Applicant's abilities at home: _____

Difficulties in speech/communication/language barrier: _____

Diet restriction & eating habits: _____

Behavioral problems: (Check those that apply.)

Mentally alert _____	Memory loss _____	Depressed _____
Confused _____	Agitated _____	Noisy _____
Suspicious _____	Wanderer _____	Other _____

If "Other" is checked, please define: _____

Medical equipment used: _____

PERMANENT DISABILITIES:

Vision _____
Hearing _____
Other _____

(Aides):

Glasses _____
Hearing aide _____
Dentures _____
Other _____

Eye doctor: _____ Last visit: _____

Dentist: _____ Last visit: _____

Was applicant ever treated for mental illness? _____

If so, physician's name: _____ Where: _____

Circumstances: _____

Hospitals or nursing homes where applicant has been treated in the past five years, including current hospital stay:

Name & address	Dates	Reason	Physician(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Treatment for cancer: _____ Year of diagnosis: _____

Recent vaccinations: _____ Pneumonia: _____ Flu: _____
(Date) (Date) (Date)

Cayuga County Nursing Home

Applicant's name: _____

FINANCIAL INFORMATION

HEALTH INSURANCE:

Social Security #: _____

Medicare #: _____ Part A: Yes ___ No ___ Part B: Yes ___ No ___

Benefits: _____ Benefits: _____

Has a Medicaid application been filed: Yes ___ No ___ Date filed: _____

Does applicant need to make Medicaid application for nursing home costs? _____

Medicaid #: _____ County: _____

Blue Cross Group #: _____ Class: _____

Blue Shield Group #: _____ Class: _____

Other health insurance company: _____ Policy #: _____

Is applicant a veteran or widow of a veteran? _____

Does applicant have private prescription coverage: **Yes ___ No ___

**If yes, we will need a copy of the card.

All medications will be obtained by the nursing home through its contracting pharmacy.

MONTHLY INCOME:

Social Security	\$ _____	Railroad pension	\$ _____
Private pension	\$ _____	Dividends	\$ _____
Veterans benefits	\$ _____	Interest	\$ _____
SSI benefits	\$ _____	Other	\$ _____
		TOTAL	\$ _____

ASSETS:

Stocks & bonds: _____ \$ _____

_____ \$ _____

_____ \$ _____

Bank Accounts: (Indicate savings or checking)

Name & address of bank: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Who has authority to deposit and withdraw from these accounts?

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Life insurance company: _____ Policy Face Value \$ _____

Other assets: _____ Amount \$ _____

_____ Amount \$ _____

Has the applicant transferred assets in the past thirty-six (36) months? _____

If so, to whom and date: _____

REAL ESTATE:

Do you own any real estate? _____ If so, what is the appraised value? \$ _____

FUNERAL ARRANGEMENTS:

Person responsible for arrangements: _____

Funeral director: _____

Location of cemetery plot: _____

Please return this application to the Social Worker of the Cayuga County Nursing Home. It is recommended that you call for an appointment to follow up on the status of your application, as well as to the facility. Please keep us advised regarding the continued need for nursing home placement.

According to my knowledge and belief, the foregoing information is complete, accurate and true in all respects.

Signature of applicant/representative (required)

Date

Please Note:

We celebrate diversity at Cayuga County Nursing Home. Federal and state law prohibit facilities from denying admission to anyone because of race color, creed, age, sex, religion, national origin, sexual preference, handicap, sponsor, marital status or source of payment.