



Application for The Terrace at Newark

208 Route 88 South
Newark, New York 14513

LEVEL OF CARE IN WHICH APPLICANT IS APPLYING FOR:

(please check one)

Adult Care _____ ALP _____ Memory Care Neighborhood _____

Name of applicant _____
Last First Middle Initial

Address: _____

Phone _____ County _____ Sex _____ Marital Status _____

Date of Birth _____ Age _____ Religion _____ SS# _____

Medicare Number _____ (A) _____ (B) _____ Medicaid Number _____

Long Term Care Insurance: Name _____ Policy # _____

Veteran _____ yes _____ no Funeral Arrangements _____

Other Insurance Coverage (please specify company and policy numbers):

1) _____

2) _____

Hospital of Choice _____

Primary Physician _____

Address _____

Phone Number _____ Fax Number _____

Primary Contact Person/Person to Contact in Case of Emergency

Name _____

Address _____

Relationship _____ Power of Attorney _____ Yes _____ No

Health Care Proxy _____ Yes _____ No

Phone: Home _____ Cell _____ Work _____

Secondary Contact Person(s)

Name _____

Address _____

Relationship _____ Power of Attorney _____ Yes _____ No

Health Care Proxy _____ Yes _____ No

Phone: Home _____ Cell _____ Work _____

MEDICAL CONDITION

Applicant's Diagnosis: _____

Does the applicant smoke? _____ Yes _____ No; if yes, how much: _____

If Diabetic, can the applicant self-inject? _____ Yes _____ No

Does the applicant require the following:

Oxygen _____ Catheter _____ Prostheses _____ Ileostomy _____ Colostomy _____

Please check yes or no for the following questions:

Incontinent: _____ yes _____ no
(bowel _____ bladder _____ or both _____)

Walks unassisted: _____ yes _____ no

Uses walker: _____ yes _____ no

Uses cane: _____ yes _____ no

Uses wheelchair: _____ yes _____ no

Dentures: _____ yes _____ no

Glasses: _____ yes _____ no

Does the applicant require assistance with any of the following needs?

Eating: _____ yes _____ no

Dressing: _____ yes _____ no

Bathing: _____ yes _____ no

Special Diet: _____ yes _____ no

(if yes, please specify diet: _____)

Has the applicant exhibited the following behavior:

Memory Loss: _____ yes _____ no

Confusion: _____ yes _____ no

Verbal Disruption: _____ yes _____ no

Physical Disruption: _____ yes _____ no

Hallucination: _____ yes _____ no

Delusions: _____ yes _____ no

Depression: _____ yes _____ no

MEDICATIONS

(please list the applicant's medications)

PERSONAL/SOCIAL INFORMATION

Please complete the following:

Hobbies: _____

Significant Lifetime Events/Contributions: _____

Present Interests: _____

Food Likes: _____

Food Dislikes: _____

Additional Comments or Information (optional):

Acknowledgement Statement:

I acknowledge that the above information furnished on this application is true and as accurate to the best of my knowledge.

Applicant Signature _____ Date _____

Responsible Party _____ Date _____