



# TANGLEWOOD GROUP

*Where caring and community come together.*

560 Fairmount Avenue P: (716) 483-2876  
Jamestown, NY 14701 F: (716) 483-2832

- Tanglewood Manor     The Magnolia     Memory Garden
- Field of Dreams     Adult Day Care     Respite Care
- Friend For a Day     Partners in Care Home Care

PLEASE ANSWER ALL QUESTIONS AS COMPLETELY AS POSSIBLE

## I. PERSONAL DATA

Name \_\_\_\_\_ Phone \_\_\_\_\_

Where is applicant presently? \_\_\_\_\_  
Street City State Zip

Facility name (if any) \_\_\_\_\_

How long have you lived in the above address? \_\_\_\_\_

Home address if different from above \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ US Citizen? \_\_\_ Yes \_\_\_ No

Marital Status \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced

Name of spouse (even if deceased) \_\_\_\_\_

Date of spouse's birth \_\_\_\_\_ death \_\_\_\_\_ marriage \_\_\_\_\_

Give nearest relatives:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Were you ever in the U. S. Armed Services? \_\_\_\_\_ Dates \_\_\_\_\_

Branch of Service \_\_\_\_\_ ID Number \_\_\_\_\_

Attending Physician: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## II. FINANCIAL DATA

### Cash Assets

Bank: \_\_\_\_\_ Bank: \_\_\_\_\_  
Checking Acct# \_\_\_\_\_ Savings Acct # \_\_\_\_\_  
Account Balance \$ \_\_\_\_\_ Account Balance \$ \_\_\_\_\_  
Certificate of Deposit? \_\_\_ Yes \_\_\_ No If Yes, approximate amount \_\_\_\_\_

### Real Estate

Applicant owns a home? \_\_\_ Yes \_\_\_ No Approximate value \$ \_\_\_\_\_  
Applicant owns other properties \_\_\_ Yes \_\_\_ No Approximate value \$ \_\_\_\_\_  
Does Applicant receive any rental income? \_\_\_ Yes \_\_\_ No  
Does Applicant have a Life Estate or Life Use of a property? \_\_\_ Yes \_\_\_ No Approximate value \$ \_\_\_\_\_  
Rental income per month \$ \_\_\_\_\_ Per Year \$ \_\_\_\_\_

### Securities

Does applicant have stocks and bonds? \_\_\_ Yes \_\_\_ No  
Does applicant have an Annuity or IRA? \_\_\_ Yes \_\_\_ No  
If yes approximate value of all securities \_\_\_\_\_

### Life Insurance

Does Applicant have life insurance policies? \_\_\_ Yes \_\_\_ No  
Face Value: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_  
Annuities: \$ \_\_\_\_\_ Company Name: \_\_\_\_\_

### Other Income

Social Security \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_ VA Pension \$ \_\_\_\_\_  
Disability \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Type: \_\_\_\_\_

### Burial

Does applicant have a prepaid burial fund? \_\_\_ Yes \_\_\_ No Is it Irrevocable? \_\_\_ Yes \_\_\_ No  
Bank holding the burial: \_\_\_\_\_  
If yes, approximate value \$ \_\_\_\_\_  
Funeral Home (address and phone number) \_\_\_\_\_

### Liabilities

Home Mortgage \_\_\_ Yes \_\_\_ No If yes, amount owed \_\_\_\_\_  
Loans \_\_\_ Yes \_\_\_ No If yes, amount owed \_\_\_\_\_  
Credit Cards \_\_\_ Yes \_\_\_ No If yes, amount owed \_\_\_\_\_  
Other (home equity, etc) \_\_\_ Yes \_\_\_ No If yes, amount owed \_\_\_\_\_

## Divesting

Has applicant/financial representative transferred assets or property in the past 60 months to someone other than yourself? \_\_\_ Yes \_\_\_ No If yes, Value \$ \_\_\_\_\_ Date of Transfer \_\_\_\_\_

Has applicant given gifts of money in the last 60 months?  
\_\_\_ Yes \_\_\_ No If yes, Value \$ \_\_\_\_\_ Date of Gift \_\_\_\_\_

Has applicant issued any Promissory Notes?  
\_\_\_ Yes \_\_\_ No If yes, Value \$ \_\_\_\_\_ Date of Issue \_\_\_\_\_

Has applicant been a part of a Personal Care Agreement?  
\_\_\_ Yes \_\_\_ No If yes, describe \_\_\_\_\_ Date of Agreement \_\_\_\_\_

Additional Financial Information \_\_\_\_\_  
\_\_\_\_\_

## Trusts

Has Applicant been the settlor or grantor of any trust or trusts? \_\_\_ Yes \_\_\_ No

Is Applicant the current, contingent and/or discretionary beneficiary of any trust or trusts? \_\_\_ Yes \_\_\_ No

If the answer to any of the preceding questions in this section Trusts is “yes”, please provide a full copy for all such trust(s) with any amendments thereto.

## Person Assisting with Finances

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work # \_\_\_\_\_

## Council

Are you currently working with an attorney or other firm for \_\_\_ Estate Planning \_\_\_ Medicaid Planning

If yes, please list name of firm \_\_\_\_\_

## III. STATISTICAL DATA

Social Security Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Part A \_\_\_\_\_ Part B \_\_\_\_\_

Other Insurance: \_\_\_\_\_ Prescription Coverage: \_\_\_\_\_

Who shall be notified in case of serious illness or death? (Include business phone if appropriate)

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work # \_\_\_\_\_

## IV. SOCIAL DATA

What are your present living arrangements? \_\_\_\_\_  
\_\_\_\_\_

Do you prepare your own meals and care for your own person without assistance? \_\_\_\_\_

Are you on a special diet? \_\_\_\_\_ Specify \_\_\_\_\_

Why do you desire residence? \_\_\_\_\_

Are you receiving any assistance at home at this time? \_\_\_ Yes \_\_\_ No

If yes, briefly describe: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Address \_\_\_\_\_

## V. MENTAL HEALTH DATA

Do you have a history of a mental health diagnosis? \_\_\_ Yes \_\_\_ No

Type of diagnosis? \_\_\_\_\_ Name Mental Health Doctor: \_\_\_\_\_

How often do you see your Mental Health doctor? \_\_\_\_\_

When was the last date and how long were you hospitalized for your mental health issues? \_\_\_\_\_

Where? \_\_\_\_\_

Education – circle highest year completed:

Grade school – 1 2 3 4 5 6 7 8      High School – 1 2 3 4

Further training – specify \_\_\_\_\_

What has been your occupation(s)? \_\_\_\_\_

How long since you were a wage earner? \_\_\_\_\_

### ***Please check all that apply***

\_\_\_ Health Care Proxy    \_\_\_ Living Will    \_\_\_ POA    \_\_\_ DNR/Advance Directive    \_\_\_ Medicaid Managed Care

I, \_\_\_\_\_ the resident and/or the Designated Representative each separately and individually warrant that the financial information submitted to the facility concerning the Resident's finances is true, accurate and complete in all material respects, and that there are no material omissions.

I/we acknowledge that The Tanglewood Group has relied and will continue to rely upon my/our truthful representation of all of the Resident's known income, assets, resources and liabilities, as well as my/our full disclosure of any transfers of income, and that my/our misrepresentation or failure to provide full disclosure may result in an interruption in payment or in qualification for benefits for payment of expenses incurred by the resident.

## **Representations, Warranties and Indemnification Agreement**

Upon satisfactory review of the Admission Application, including the representations and warranties made herein, The Tanglewood Group will consider the Resident for admission.

The Resident and Designated Representative each acknowledge The Tanglewood Group's reliance on the statements made by them in the Admission Application and the promises made herein and agree to Indemnify and hold The Tanglewood Group harmless from any and all liability, loss, expense, and/or damage which the Tanglewood Group may incur by reason of any misrepresentation contained in either document or their noncompliance with other document.

The Resident and Designated Representative represent and warrant to The Tanglewood Group that the Resident's assets are fully and accurately disclosed on the Admission Application and that there have been no transfers of the Resident's ownership interest in any assets or resources with the past 60 months for which fair payment has not been received other than those listed.

The Resident and Designated Representative agree that neither of them has previously done anything nor will either of them at any time hereafter do anything that would cause the Resident to become ineligible or disqualified for Medicaid for any period of time whether by reason of having transferred the Resident's present or future acquired assets without receiving fair payment or value in exchange for such transfer or otherwise.

The Resident and Designated Representative, collectively and individually, represent and warrant to The Tanglewood Group that all assets listed in Section II Financial Data are titled and held solely in the name of the Resident, except as otherwise specifically stated in said Section II Financial Data.

The Resident and Designated Representative, collectively and individually represent and warrant to The Tanglewood Group that neither the Resident nor the Designated Representative has caused a transfer of any assets of Resident to a trust or trusts. The Resident and Designated Representative represent, warrant and agree that neither Resident nor Designated Representative, for a term of at least five consecutive years hereafter, will cause assets of the Resident to be transferred to a trust or to any other transferee for less than fair and adequate consideration. Any transfer by Resident and/or Designated Representative of assets owned, in full or in part, by the Resident to a trust that is not fully revocable and/or which does not include a retained unconditional and unlimited power in favor of the Resident to cause the Trustee to distribute the full corpus of such trust(s) to Resident shall be deemed a transfer for less than fair and adequate consideration.

Resident and Designated Representative, collectively and individually, warrant and represent to each Tanglewood Group adult care facility identified on the first page of this Admissions Agreement, collectively and individually a "Facility", that (i) Resident has sufficient net assets and will have sufficient net assets to fully pay the Facility for all rent, charges and expenses due the Facility pursuant to its Admissions Agreement with Resident on a private pay basis, and without medicaid, SSI or other third party/governmental reimbursement program for a term of at least two (2) years from the date of this Admission Application and (ii) Resident and the Designated Representative will not voluntarily permit or authorize any transfer, gift or depletion of the Resident's assets and/or any increase of the Resident's liabilities other than those asset transfers/increases to liabilities resulting from for the daily and customary living expenses of the Resident.

◆ ( \_\_ Initials)

All representations, warranties, promises and covenants of the Resident and the Designated Representative contained herein shall survive any subsequent entry by The Tanglewood Group and Resident and/or Designated Representative into any residency agreement for admission of Resident into any Tanglewood Group facility as identified on the first page hereof.

The Resident and Designated Representative agree that prior to exhausting the Resident's assets and resources, they will make timely application for Medicaid. The application shall be made in such manner and at such time tha the Resident will be able to pay his/her obligations to The Tanglewood Group by means of the Resident's assets and resources and/or medical assistance provided by the State of New York or other government agency.

