HERITAGE HOME FOR WOMEN
1519 Union Street
Schenectady, New York 12309
518-374-6921
www.heritagehome4women.net

APPLICATION FOR RESIDENCY

The mission of Heritage Home for Women is to provide exceptional care and friendship to older women in a safe and nurturing environment. Heritage home for Women is a non-profit adult care facility.

For over 140 years, Heritage Home has sought to assist eligible women of modest income by subsidizing a portion of the facility charges through an endowment. All individuals who wish to be considered for residency are required to complete a confidential financial statement and provide supporting documentation. The information required in this Application will be used by Heritage Home to determine whether the applicant is eligible or may become eligible for subsidy, and if so, the level of subsidy that Heritage Home may offer the applicant.

Thank you for your interest in the Heritage Home.

Name of applicant:_____
Last First Middle

Address:_____
Street City State / Zip

Social Security Number:_____/_____/____

Phone Number:_____ Email: _____

U.S. Citizen? [ ] Yes [ ] No If not citizen of US or dual citizenship, what country? _____

Desired Occupancy Date:_____

Present Living Arrangement; _____

Date of Birth: _____ Marital Status:_____

Name of Attending Physician:_____ Phone Number: _____

HEALTH COVERAGE

Medicare Number:_____ Medicaid Number:_____

HMO/Other Insurance:_____ Group Number:_____

CONTACTS

Primary contact:

Name_____ Home #:_____

Work #: _____|_____ Cell #: _____|_____

Address:_____

Email: _____

[ ] POA* [ ] Guardian* [ ] Health Care Agent*
[ ] Other (please specify) _____
[ ] Authorized to assist with resident's finances

Other contacts:

Name_____ Home #:_____

Work #: _____|_____ Cell #: _____|_____

Address:_____

Email: _____

[ ] POA* [ ] Guardian* [ ] Health Care Agent*
[ ] Other (please specify) _____
[ ] Authorized to assist with resident's finances

Name_____ Home #:_____

Work #: _____|_____ Cell #: _____|_____

Address:_____

Email: _____

[ ] POA* [ ] Guardian* [ ] Health Care Agent*
[ ] Other (please specify) _____
[ ] Authorized to assist with resident's finances

* Please provide copies of all current power of attorney documents, guardianship orders, and health care proxy.

FINANCIAL STATEMENT

Earned Income (Monthly) $_____
Social Security Benefits $_____
Veteran's Benefits $_____
Other Pension (Specify) $_____
Railroad Retirement $_____
Annuity $_____
Other (Specify) $_____
Net Monthly Income $_____

List all assets potentially available to pay for your care, including all bank, investment, and brokerage accounts. Attach extra sheet if necessary.

Institution	Address	Account Number	Balance

1. Do you own any CDs? [ ] Yes [ ] No
   If yes, what is the value?_____*

2. Do you own any stocks, bonds, or mutual funds? [ ] Yes [ ] No
   If yes, what is the value?_____*

3. Do you own any real estate? [ ] Yes [ ] No
   If yes, what is the value?_____*

   Do you plan to sell principal residence or other real estate to pay for your financial obligations while at Heritage Home for Women? [ ] Yes [ ] No

4. List all other assets (attach page if necessary)_____

5. Total assets available to pay for your care: $_____

   * Please provide copies of most recent bank, or brokerage and other account statements.

6. Have you created a Trust?* [ ] Yes [ ] No

7. Have any of your assets been transferred within the last 60 months?* [ ] Yes [ ] No

   * Please provide copies of Trust documents and information on asset transfers.

ACKNOWLEDGEMENTS

I understand that Heritage Home for Women relies upon the accuracy of the above information for the purpose of considering my application for residency, verifying sources of payment, and determining whether I qualify for a subsidy.

I understand that if I am accepted as a resident, I will be required to sign an admission agreement, with commitments concerning payment for my care. If another person is responsible for my financial affairs, he or she may also be required to sign the admission agreement as a financially responsible party.

I hereby give Heritage Home for Women permission to verify all information on this application, and to exchange information with the individuals and entities identified in the application. I understand that I may be required to furnish additional information and documentation, including a medical evaluation signed by my physician.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Applicant's Representative Date

_____
Address

_____
Phone Number(s)

_____
Relationship to applicant