

Fox Run at Orchard Park
Confidential Data Application
—— CDA ——



livelife.

1st Person: Please Print Clearly or Type

Salutation: _____ U.S. Citizen? Y / N Veteran? Y / N

Name: _____
Last First Middle

Address: _____
Street

City State Zip Code

Contact Info:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Resident Social Security Number.: _____

Birth Date: _____
Month / Day / Year

Marital Status: Married Single Widowed Divorced Separated

2nd Person:

Salutation: _____ U.S. Citizen? Y / N Veteran? Y / N

Name of Spouse/2nd Person: _____

Birth Date: _____
Month / Day / Year

Spouse/2nd Person Social Security Number: _____

Power of Attorney - 1st Person:

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone Number Cell: _____ Other: _____

E-mail: _____

Power of Attorney - 2nd Person:

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone Number Cell: _____ Other: _____

E-mail: _____

Health Care Proxy - 1st Person:

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone Number Cell: _____ Other: _____

E-mail: _____

Health Care Proxy - 2nd Person:

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone Number Cell: _____ Other: _____

E-mail: _____

Primary Care Physician - 1st Person:

Name: _____

Address: _____
Street City State Zip Code

Telephone: _____ Fax: _____

Primary Care Physician - 2nd Person:

Name: _____

Address: _____
Street City State Zip Code

Telephone: _____ Fax: _____

LONG TERM CARE INSURANCE	1st Person	2nd Person
Insurance Company Name (attach copy)		
Policy Number	#	#
Annual/Monthly Premium	\$	\$
Benefit Period	Years	Years
Elimination Period	Days	Days
Assisted Living Benefit Amount	\$ Day	\$ Day
Skilled Nursing Benefit Amount	\$ Day	\$ Day
Home Care Benefit Amount	\$ Day	\$ Day
Maximum Coverage	\$	\$
Inflation Coverage	%	%

Family and/or Emergency Contact Preference (In Order):

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone Number Cell: _____ Other: _____

E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone Number Cell: _____ Other: _____

E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone Number Cell: _____ Other: _____

E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone Number Cell: _____ Other: _____

E-mail: _____

FINANCIAL STATEMENT - all information is confidential

REGULAR MONTHLY INCOME		
	1ST PERSON	2ND PERSON
Social Security	\$	\$
Pension*	\$	\$
Annuities	\$	\$
Dividends	\$	\$
Mortgage/Rental Income	\$	\$
Trust Income	\$	\$
Other Monthly Income source:	\$	\$
Total Regular Monthly Income	\$	\$

CAPITAL ASSETS		
	1ST PERSON	2ND PERSON
House(s)	\$	\$
Stocks	\$	\$
Bonds	\$	\$
IRAs	\$	\$
Annuities	\$	\$
Mutual Funds	\$	\$
CDs	\$	\$
Savings	\$	\$
Checking	\$	\$
Trust Fund (attach copy)	\$	\$
Life Insurance (cash value)	\$	\$
Other Real Estate source:	\$	\$
Other Assets	\$	\$
Total Assets	\$	\$

LIABILITIES		
Mortgage	\$	\$
Other Debts (ie. credit card, loans, etc.)	\$	\$
Automobile Loan(s)	\$	\$
Total Liabilities	\$	\$

SUPPORTING DOCUMENTATION

Tax Return Life Insurance Investment Statements Bank Statements

1st Person *What occurs at death? Pension ceases Pension reduces _____% No change

*Does the Pension amount increase with inflation? Y/N If so, describe:

2nd Person *What occurs at death? Pension ceases Pension reduces _____% No change

*Does the Pension amount increase with inflation? Y/N If so, describe:

Have you transferred any asset valued over \$1,000 in the past five (5) years? Yes _____ No _____
If yes, please indicate the specifics of any transfer indicating the asset, to whom the asset was transferred, and the date of the transfer.

I understand that Fox Run at Orchard Park uses this information as a basis to qualify for offering a Lifecare contract. I hereby declare all statements made herein are true according to my best knowledge and belief. In witness whereof, I have hereunto set my hand to this application this _____ day of _____ 20_____.

Signature of 1st Person/POA/Responsible Party

Signature of 2nd Person

Notes / Comments:



Fox Run at Orchard Park
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foxrunorchardpark.com

