

Fox Run at Orchard Park
Confidential Data Application
— CDA —



Please Print Clearly or Type

Salutation: _____

Name: _____
Last First Middle

Address: _____
Street

City State Zip Code

Contact Info:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Resident Social Security No.: _____

U.S. Citizen? Y / N Veteran? Y / N

Birth Date: _____
Month / Day / Year

Marital Status: Married Single Widowed Divorced Separated

Salutation: _____

Name of Spouse/2nd Person: _____ Birth Date: _____
Month / Day / Year

Spouse/2nd Person Social Security No.: _____ U.S. Citizen? Y / N Veteran? Y / N

Primary Emergency Contact:

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone No.: Home: _____ Work: _____ Cell: _____

E-mail: _____

Power of Attorney/Guardian/Health Care Agent#(if more than one person, please list all on an attachment):

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone No.: Home: _____ Work: _____ Cell: _____

E-mail: _____

Party (if other than resident):

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone No.: Home: _____ Work: _____ Cell: _____

E-mail: _____

Primary Physician:

Name: _____ Phone: _____ Fax: _____

Address: _____
Street City State Zip Code

E-mail: _____

Consulting Physician (specialist): (if applicable)

Name: _____ Phone: _____ Fax: _____

Address: _____
Street City State Zip Code

E-mail: _____

Insurance Coverage:

Medicare No. (Resident): _____ Part A: _____ Part B: _____

Prescription Drug Plan: _____ Effective Date: _____

Rx Group ID: _____ Rx Group: _____ Rx Bin: _____ Rx PCN: _____

Supplemental Health Insurance: _____ Policy No.: _____

Medicare Advantage Plan: _____ Policy No.: _____

Medicare No. (Spouse/2nd person): _____ Part A: _____ Part B: _____

Prescription Drug Plan: _____ Effective Date: _____

Rx Group ID: _____ Rx Group: _____ Rx Bin: _____ Rx PCN: _____

Supplemental Health Insurance: _____ Policy No.: _____

Medicare Advantage Plan: _____ Policy No.: _____

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:

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone No.: Home: _____ Work: _____ Cell: _____

E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone No.: Home: _____ Work: _____ Cell: _____

E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone No.: Home: _____ Work: _____ Cell: _____

E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street City State Zip Code

Telephone No.: Home: _____ Work: _____ Cell: _____

E-mail: _____

FINANCIAL STATEMENT

REGULAR MONTHLY INCOME	1st Person	2nd Person
Social Security	\$	\$
Pension*	\$	\$
IRA Income	\$	\$
Dividends	\$	\$
Mortgage/Rental Income	\$	\$
Trust Income	\$	\$
Other Monthly Inc. source:	\$	\$
Total Regular Monthly Income	\$	\$
CAPITAL ASSETS	1st Person	2nd Person
House(s)	\$	\$
Stocks	\$	\$
Bonds	\$	\$
IRA's	\$	\$
Annuities	\$	\$
CD's	\$	\$
Savings	\$	\$
Checking	\$	\$
Mutual Funds	\$	\$
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		
<input type="checkbox"/> Tax Return <input type="checkbox"/> Life Insurance <input type="checkbox"/> Investment Statements <input type="checkbox"/> Bank Statements		
1st Person *What occurs at death of spouse? <input type="checkbox"/> Pension ceases <input type="checkbox"/> Pension reduces ____% <input type="checkbox"/> No change *Does the Pension amount increase with inflation? _____ If so, describe:		
2nd Person *What occurs at death of spouse? <input type="checkbox"/> Pension ceases <input type="checkbox"/> Pension reduces ____% <input type="checkbox"/> No change *Does the Pension amount increase with inflation? _____ 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, the fair market value, to whom the asset was transferred, and the date of the transfer. Fox Run reserves the right to request official documentation of any such transfer. Your failure to disclose this information may affect your admission application.		

I hereby declare that 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:



livelife.

Fox Run at Orchard Park
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foxrunorchardpark.com