

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



livelife.

**1<sup>st</sup> 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

**2<sup>nd</sup> Person:**

Salutation: \_\_\_\_\_ U.S. Citizen? Y / N Veteran? Y / N

Name of Spouse/2<sup>nd</sup> Person: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Month / Day / Year

Spouse/2<sup>nd</sup> Person Social Security Number: \_\_\_\_\_

**Power of Attorney - 1<sup>st</sup> Person:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number Cell: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Power of Attorney - 2<sup>nd</sup> Person:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number Cell: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Health Care Proxy - 1<sup>st</sup> Person:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number Cell: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Health Care Proxy - 2<sup>nd</sup> Person:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number Cell: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Primary Care Physician - 1<sup>st</sup> Person:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Primary Care Physician - 2<sup>nd</sup> Person:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

| <b>LONG TERM CARE INSURANCE</b>      | <b>1<sup>st</sup> Person</b> | <b>2<sup>nd</sup> Person</b> |
|--------------------------------------|------------------------------|------------------------------|
| 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              | 1 <sup>ST</sup> PERSON | 2 <sup>ND</sup> PERSON |
|-------------------------------------|------------------------|------------------------|
| Social Security                     | \$                     | \$                     |
| Pension*                            | \$                     | \$                     |
| Annuities                           | \$                     | \$                     |
| Dividends                           | \$                     | \$                     |
| Mortgage/Rental Income              | \$                     | \$                     |
| Trust Income                        | \$                     | \$                     |
| Other Monthly Income source:        | \$                     | \$                     |
| <b>Total Regular Monthly Income</b> | \$                     | \$                     |

| CAPITAL ASSETS              | 1 <sup>ST</sup> PERSON | 2 <sup>ND</sup> 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                | \$                     | \$                     |
| <b>Total Assets</b>         | \$                     | \$                     |

| LIABILITIES                                |    |    |
|--|----|----|
| Mortgage                                   | \$ | \$ |
| Other Debts (ie. credit card, loans, etc.) | \$ | \$ |
| Automobile Loan(s)                         | \$ | \$ |
| <b>Total Liabilities</b>                   | \$ | \$ |

**SUPPORTING DOCUMENTATION**

Tax Return     Life Insurance     Investment Statements     Bank Statements

**1<sup>st</sup> Person** \*What occurs at death?  Pension ceases  Pension reduces \_\_\_\_\_%  No change

\*Does the Pension amount increase with inflation? \_\_\_\_\_ If so, describe:

**2<sup>nd</sup> Person** \*What occurs at death?  Pension ceases  Pension reduces \_\_\_\_\_%  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, 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  
One Fox Run Lane, Orchard Park, NY 14127  
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[foxrunorchardpark.com](http://foxrunorchardpark.com)

