



ADMISSIONS OFFICE
 80 FAIRVIEW AVENUE
 BINGHAMTON, NEW YORK 13904
 PHONE: 607-724-2477 • FAX: 607-723-4724
 WWW.GOODSHEPHERDCOMMUNITIES.COM

APPLICATION FOR ADMISSION

Good Shepherd Communities offers the following healthcare accommodations.
 Please indicate the level for which you are applying:

(PLEASE PRINT IN BLACK INK)

Good Shepherd Village at Endwell

- Skilled Nursing Facility (SNF)
- Assisted Living Residence (ALR)*
- Special Needs Assisted Living Residence (SNALR)*

*Enhanced services available at both ALR and SNALR

Good Shepherd Fairview Home at Binghamton

- Skilled Nursing Facility (SNF)
- Assisted Living Program (ALP)
- Adult Care Facility (ACF)
- Apartments for Independent Living (APT)

APPLICANT INFORMATION

Name in full:

(Ms.)(Miss)(Mrs.)(Mr.)

Home Address:

(correspondence will be sent to applicant unless otherwise stated below)

Applicant's Mailing Address

(if different than above)

Applicant's E-mail Address:

Telephone # (____) _____

County of Residence: _____

Person to be contacted when an opening becomes available:

Telephone # (____) _____

E-mail address:



PERSONAL INFORMATION

Date of Birth: _____

Have you ever been a resident of another facility? Yes No

Social Security Number: _____

If yes to the above, please indicate where and when _____

Marital Status:

- single married
 divorced widowed

How did you hear about or choose Good Shepherd Communities?

(check all that apply)

- family/friend physician TV
 radio newspaper internet
 location attorney other:

(please describe): _____

Name of Spouse

(current or former) _____

Name of Spouse's Employer, if applicable:

Person(s) to contact if unable to contact applicant:

Name: _____
Address: _____
City _____ State _____ Zip _____
Relationship: _____
Home phone _____
Work phone _____
Cell phone _____
E-mail _____

Name of your personal physician:

Phone #: _____

Name/Address of attorney:

Name of person with access to any of your accounts:

Name of person with Power of Attorney for you:

Type of Power of Attorney:

- Durable General

Name: _____
Address: _____
City _____ State _____ Zip _____
Relationship: _____
Home phone _____
Work phone _____
Cell phone _____
E-mail _____

HEALTH INSURANCE

Health Insurance	Policy Number, Letter	Company Name
MEDICARE A/B		
MEDICAID		
SUPPLEMENTAL INS.		
PRESCRIPTION/ MEDICARE D		
LONG TERM CARE INSURANCE		
COMMERCIAL INS.		

GOOD SHEPHERD COMMUNITIES

STATEMENT OF FINANCIAL RESPONSIBILITY

As a not-for-profit organization, Good Shepherd Communities can maintain its financial integrity only in partnership with its residents.

Good Shepherd Communities' long history of successfully serving the elderly is based upon careful utilization of its primary sources of income from private paying residents, from governmental subsidy programs such as Medicaid and SSI (Supplemental Security Income), and from charitable gifts. The purpose of governmental assistance and Good Shepherd Communities' charitable programs is to help individuals who have limited resources. However, they do not fully meet the cost of care.

It is the responsibility of residents, and those who assist them, to use the residents' assets and income to pay for the costs associated with their residency and health care. Misrepresentation of one's ability to pay, misrepresentation of one's assets or debts, or the misuse or diversion of one's financial resources, will have serious consequences both for the individual and Good Shepherd Communities. These

individuals will jeopardize their admission, their continued stay, and the quality of Good Shepherd Communities' programs and services. In addition, these actions limit Good Shepherd Communities' charitable mission to provide assistance to residents who have used their resources to pay Good Shepherd Communities for their care, and to those who are in need of Good Shepherd Communities' services but truly do not have the funds to pay privately upon admission.

Good Shepherd Communities is committed to offering residents the lifestyle that has been associated with its excellent reputation for more than a century. In choosing Good Shepherd Communities, residents have demonstrated their wisdom in planning for their future. Good Shepherd Communities needs the cooperation of those who choose to live at Good Shepherd Communities to fulfill this commitment to current and future residents.

For more information, please contact the Admissions Department.

FINANCIAL INFORMATION

In accordance with Good Shepherd Communities' (GSC) Statement of Financial Responsibility, please complete the following personal financial information, which is required prior to admission and upon request after admission. This information is needed to estimate the number of residents who will need financial assistance and to determine if the applicant has a source of payment. This information will be held in confidence and will not be released to any person, agency, or party other than the GSC and the GSC's advisors without the permission of the applicant.

List below all sources of individual income and/or individual assets, restricted or unrestricted. For joint ownership, please indicate the proportional value.

Please provide copies of all current bank and brokerage firm statements and list all amounts on this application.

INCOME:

1. Social Security Income:

Presently receiving yearly
(after deductions for Medicare): \$ _____

Company _____
Frequency of Payment _____
No. Of Years _____
Amount Per Year _____

2. Annuities or Endowment Income:

Company _____
Plan of Payment _____
No. Of Years _____
Per Year _____

Company _____
Frequency of Payment _____
No. Of Years _____
Amount Per Year _____

Company _____
Plan of Payment _____
No. Of Years _____
Per Year _____

4. Trust Funds: (You must provide a copy of the complete document, including any attachments, addendums and/or amendments)

Plan of Payment (For Life or No. Of Years, etc.)
_____ Amount: \$ _____
_____ Amount: \$ _____

Company _____
Plan of Payment _____
No. Of Years _____
Per Year _____

Who Administers: _____
Do you have access to the principal? Yes No
If yes, list amount \$ _____

3. Pension or Retirement Plans:

(please indicate if applicant's or spouse's pension)

a. Is there a cost of living inflator and if so, how does it work? _____

b. If spouse's, what happens on death of a spouse? _____

Company _____
Frequency of Payment _____
No. Of Years _____
Amount Per Year _____

5. Other Income:

Source:
Dividends & Interest - both taxable and non-taxable
Monthly: \$ _____ Yearly: \$ _____

Rental Income
Monthly: \$ _____ Yearly: \$ _____

Other: Specify: _____
Monthly: \$ _____ Yearly: \$ _____

6. TOTAL YEARLY INCOME: \$ _____

Please fill out reverse of this form

ASSETS:

- 7. Cash/Checking Accounts \$ _____
- 8. Savings Accounts \$ _____
- 9. Stocks \$ _____
- 10. Bonds/Treasuries \$ _____
- 11. Residence \$ _____
 - 11a. Percent Owned _____ %
- 12. Other Real Estate \$ _____
 - 12a. Percent Owned _____ %
- 13. CD & Mutual Funds \$ _____
- 14. Total Value of IRAs/TSAs \$ _____
- 15. Total Worth of Business Owned \$ _____
- 16. Automobile \$ _____
- 17. Life Insurance: face amount \$ _____
 - net cash value \$ _____
- 18. Prepaid Funeral Account \$ _____
- 19. Other Assets \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

20. **TOTAL ASSETS** \$ _____

LIABILITIES:

- 21. Installment Debts \$ _____
- 22. Insurance Premiums
 - Long-Term Care \$ _____
 - Other \$ _____
- 23. Loan/Pledges against Stock or Bonds \$ _____
- 24. Real Estate Loans \$ _____
- 25. Personal Notes, Loans, Guarantees \$ _____
- 26. Other Liabilities
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
- 27. **TOTAL LIABILITIES** \$ _____

Have you executed a trust for your own or someone else's benefit? Yes No
If yes, please provide a copy.

Have you gifted or transferred any assets to other persons or entities in the past 6 years? Yes No
If yes please provide an explanation, dates, and amount. _____

Have you executed a promissory note or loan to other persons or entities in the past 6 years? Yes No
If yes please provide an explanation, dates, and amount. _____

Were you required to file a Federal or State Income Tax Return last year? Yes No
If yes, please provide a copy.

DECLARATION OF APPLICANT

In completing this application for admission, I/we understand that the filing of this application does not oblige the applicant to enter Good Shepherd Communities (GSC), nor does it guarantee admission to GSC, it merely places the applicant's name on the waiting list. I/We understand that I/we will be asked to update this information at such time that the applicant may be considered for admission.

I/We, the undersigned, affirm that the answers to all the questions are complete and accurate to the best of my/our knowledge. I/We understand that any conveyance of a resident's assets without adequate consideration that renders the resident unable to pay GSC's bills as they become due, or that disqualifies the resident for Medicaid or SSI status for any period of time will be considered fraudulent by GSC. I/We will not, during residency, transfer or reduce resources needed to carry out my/our commitments to GSC.

X _____
Signature of Applicant
Date _____

X _____
Signature of Designee
Date _____

* PLEASE NOTIFY GOOD SHEPHERD COMMUNITIES OF ANY SIGNIFICANT CHANGES TO THIS APPLICATION OR THE APPLICANT'S STATUS

* AT THE TIME AN OPENING OCCURS YOU MAY BE ASKED TO UPDATE THIS INFORMATION