

Crouse Community Center  
101 South Street  
Morrisville, NY 13408

Admission Date: \_\_\_\_\_  
Admitted From: \_\_\_\_\_  
Admission Time: \_\_\_\_\_  
Room Number: \_\_\_\_\_

**APPLICATION FOR ADMISSION**

*New York State and Federal laws prohibit discrimination in any form on the basis of race, creed, color, national origin, sex, handicap, or source of payment.*

Name: \_\_\_\_\_ Woman's Maiden Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Applicant's Former Occupation: \_\_\_\_\_ Education: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Medicare #: \_\_\_\_\_  
Medicaid #: \_\_\_\_\_ County: \_\_\_\_\_  
Prescription Plan: \_\_\_\_\_  
Other Health Insurance: \_\_\_\_\_  
List Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Is Applicant a Veteran? \_\_\_\_\_ Is Spouse a Veteran? \_\_\_\_\_ Veteran Claim #: \_\_\_\_\_  
Religious Preference: \_\_\_\_\_ Funeral Home: \_\_\_\_\_  
Funeral Home Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Cemetery Lot: \_\_\_\_\_

**PERSONS TO BE NOTIFIED IN AN EMERGENCY**

HCP  POA

1. Primary Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_

HCP  POA

2. Secondary Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_

HCP  POA

3. Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_

HCP  POA

4. Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_

{Continued on Reverse Side}

**Name of Financially Responsible Party:** \_\_\_\_\_

**Name of Power of Attorney:** \_\_\_\_\_

**Name of Health Care Proxy:** \_\_\_\_\_

**Name of Attending Physician:** \_\_\_\_\_

**Date Application Completed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

CCC/9-03/sdj