

RANDOLPH MANOR
Home for Adults
40 E. Main Street
RANDOLPH, NEW YORK 14772
Phone (716) 358-4041

Application for Admission

Date: _____

Applicant's Name: _____
(first) (initial) (maiden) (last)

Address: _____
(street) (city) (state) (zip)

Present location if not at home: _____

Date of Birth: ____/____/____ Age: _____ Education: _____
(mo) (day) (yr)

Marital Status: () Married () Divorced () Separated () Widowed () Single

Occupation (present or former): _____

Spouse's Name: _____
(first) (initial) (last)

Spouse's Occupation (present or former): _____

Living Spouse's Address: _____
(street) (city) (state) (zip)

Date of Spouse's Death (if deceased): ____/____/____
(mo) (day) (yr)

Applicant's Father's Name: _____

Applicant's Mother's Name: _____

Health Insurance

Medicare Number: _____ Medicaid Number: _____

Hospital Insurance: _____
(name) (number)

Medical Insurance: _____
(name) (number)

Other Health Insurance: _____
(name) (number)

Primary Physician's Name: _____ Phone No: _____

Address: _____
(street) (city) (state) (zip)

Person to be notified in case of emergency: _____

Relationship to you: _____ Phone No: _____

Address: _____
(street) (city) (state) (zip)

Power of Attorney (if any): _____

Children (list names, addresses, and telephone numbers of each):

Financial Information

Social Security Number: _____

Social Security Benefit Amount (per month): \$ _____

Name of Pension: _____

Pension Benefit Amount (per month): \$ _____

Name of Other Income Sources: _____

Other Income Sources Amount (per month): \$ _____

Bank Accounts:	Amounts:
_____	_____
_____	_____
_____	_____
_____	_____

Real Estate Holdings	Value:
_____	_____

Life Insurance:

Company Name: _____ Policy No: _____