



THE PLAZA AT CLOVER LAKE
ASSISTED LIVING PROGRAM

ASSISTED LIVING PROGRAM (“ALP”)

APPLICATION PACKET

The attached forms are an integral part of the assessment / admission process that will determine appropriateness for our Assisted Living Program. Please complete all attached forms in their entirety and return to your Admissions Coordinator (845) 878-4111.

Thank you.



THE PLAZA AT CLOVER LAKE

APPLICATION

This application must be completed and signed before an applicant may move in. All items must be completed and all information requested must be provided. When a couple applies, each individual must complete a separate application.

The undersigned hereby applies for residency at *The Plaza at Clover Lake* and, if accepted, agrees to abide by all current and future community policies and procedures.

Name (print): _____
Last First M.I.

Current Address: _____
Street

_____ City State Zip

Telephone: (____) ____ - ____ **Cell:** (____) ____ - ____

Email: _____

Permanent Address (if different from above):

_____ Street City State Zip

SSN: _____ **Date of Birth:** ____/____/19____

Place of Birth: _____ **U.S. Citizen?** Yes No

Primary Language: English Other: _____ **Gender:** Female Male

Marital Status: Single Married Widowed Divorced

Race: _____ **Religion:** _____

Veteran? Yes No **Spouse of a Veteran?** Yes No

At the time of this application, I can: (continued)

Manage my own personal hygiene (using the bathroom, incontinence, laundry, etc.)

Independently With Assistance

Explain: _____

Manage my own diet (make appropriate food choices) Independently With Assistance

Explain: _____

Physically move to an exit during an emergency/evacuation Independently With Assistance

Explain: _____

Do you require any special assistance in any other area? Independently With Assistance

Explain: _____

Do you use oxygen? Yes No

Explain: _____

If Yes, do you manage your oxygen-handling on your own? Yes No

Explain: _____

Are you experiencing any incontinence? Yes No

If Yes, please explain: _____

Are you now, or have you ever, been treated for a diagnosed with any psychiatric disorder?

Yes No

If Yes, please explain: _____

Do you have any condition that would impair your own personal safety, health or well-being, or the safety, health or well-being of others, by living in this setting? Yes No

Explain: _____

FINANCIAL

Your Primary Insurance is: _____ ID/Policy #: _____

Your Secondary Insurance is: _____ ID/Policy #: _____

Do you have Long Term Care Insurance? Yes No _____
Name / ID/ Policy #

Are you a NY Medicaid recipient? Yes No Medicaid # _____

If Yes, what is your County of eligibility?

Putnam County , NY Other: _____

Currently receiving Supplemental Security Income (SSI) Benefits? Yes No

Resident's Representative? (name) _____

Relationship to Resident? _____

Monthly invoices for rent or ancillary charges should be sent to:

Name: _____ Relationship: _____

Address: _____
Street City State Zip

Tel.: (____) _____ - _____ Tel.: (____) _____ - _____

Any additional information: _____

I certify that the information in this application is full, true and correct. I understand this information will be treated as confidential and will only be used in determining my eligibility to reside at *The Plaza at Clover Lake*.

Signature of Applicant Date

For questions regarding the admission process or to schedule a tour, please refer to our Website or feel free to contact us:

www.cloverlakeliving.com
845-878-4111

Upon completing this application in its entirety, please bring it with you to your scheduled personal interview.



THE PLAZA AT CLOVER LAKE
ASSISTED LIVING COMMUNITY

Resident Financial Summary

Applicant's Name _____

Address _____

Telephone (_____) _____ (_____) _____

Spouse Name _____

Financial Information

Monthly Income

Source:

Amount:

1. _____ 1. \$ _____
Resident

2. _____ 2. \$ _____
Spouse

Veteran's Benefits:

1. _____ 1. \$ _____
Resident

2. _____ 2. \$ _____
Spouse

Social Security:

1. _____ 1. \$ _____
Resident

2. _____ 2. \$ _____
Spouse

Other Income (Interest income, etc.)

1. _____ 1. \$ _____
Resident

2. _____ 2. \$ _____
Spouse