



APPLICATION FOR ADMISSION

Good Shepherd Fairview Home at Binghamton offers the following accommodations.
 Please indicate the level for which you are applying:

(PLEASE PRINT IN BLACK INK)

Apartments for Independent Living

- Standard 1 bedroom apartment
- 1 bedroom apartment w/dinette
- Large 1 bedroom apartment
- 2 bedroom apartment

Adult Care Facility

Assisted Living Program

Skilled Nursing Facility

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 home or institution? Yes No

Social Security Number: _____

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

Marital Status:

- single married
 divorced widowed

Name of Spouse
(current or former) _____

How did you hear about or choose Good Shepherd Fairview Home at Binghamton?

(check all that apply)

- family/friend physician TV
 radio newspaper internet
 location attorney other:
(please describe): _____

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

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

HEALTH INSURANCE

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

FINANCIAL INFORMATION

In accordance with Good Shepherd Fairview Home at Binghamton's 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 Home and the Home'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? _____

5. Other Income:

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

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

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

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

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. Fixed Income \$ _____
- 11. Residence \$ _____
- 12. Other Real Estate \$ _____
- 13. CD & Mutual Funds \$ _____
- 14. Total Value of IRAs/TSAs / pension \$ _____
- 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 \$ _____

* PLEASE NOTIFY GOOD SHEPHERD FAIRVIEW HOME 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

Have you executed a trust for 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 Fairview Home (GSFH), nor does it guarantee admission to GSFH, 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 GSFH'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 GSFH. I/We will not, during residency, transfer or reduce resources needed to carry out my/our commitments to GSFH at Binghamton.

X _____
Signature of Applicant
Date _____

X _____
Signature of Designee
Date _____

GOOD SHEPHERD FAIRVIEW HOME AT BINGHAMTON

STATEMENT OF FINANCIAL RESPONSIBILITY

Good Shepherd Fairview Home is a retirement community offering options for continuing care. Individuals and couples have a unique choice of accommodations in a single community residence. The Home promotes a high quality of life for all residents by emphasizing wellness and independence. As a not-for-profit organization, the Home can maintain its financial integrity only in partnership with its residents.

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

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

For more information, please contact the Admissions Department.