



APPLICATION FOR ADMISSION TO:

- | | |
|---|--|
| <input type="checkbox"/> Elant at Goshen
<input type="checkbox"/> Nursing Care Center
<input type="checkbox"/> Adult Home
<input type="checkbox"/> Adult Day Health Care | <input type="checkbox"/> Elant at Meadow Hill
<input type="checkbox"/> Nursing Care Center
<input type="checkbox"/> Adult Day Health Care |
| <input type="checkbox"/> Elant at Fishkill Nursing Home
<input type="checkbox"/> Elant at Wappingers Falls Nursing Home | <input type="checkbox"/> Glen Arden Health Care Center |

This application is confidential. Please complete this application in its entirety in order for your application to be considered for admission.

APPLICANT

Name of Applicant: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number : _____ Cell Phone: _____

Email Address: _____

Marital Status: Married Single Separated Divorced Widowed

PERSONAL AND EMERGENCY CONTACTS

In priority order, please list who you would want contacted on your behalf for the purposes of considering this application and to complete admission paperwork.

Name of contact: _____ Relationship: _____

Address: _____

Primary phone: _____ Alternate phone: _____

Email address: _____

Name of contact: _____ Relationship: _____

Address: _____

Primary phone: _____ Alternate phone: _____

Email address: _____

FINANCIAL INFORMATION

Monthly Income: Please include all sources of monthly income received.

Source of income	Monthly amount
Social Security	\$
Pension/Retirement	\$
Dividends/Interest/Annuities (please circle)	\$
Trust income	\$
Rental income	\$
Other: (Please specify) _____	\$

Bank Accounts: Please use most current information available at the time of application.

Name of Bank	Account Number	Type of Account	Joint Account Yes or No	Balance
				\$
				\$
				\$
				\$
				\$

Stocks/Bonds/Annuities: Please be specific

Name of Company	Type of Account	Number of Shares	Approximate Value
			\$
			\$
			\$
			\$
			\$

Real Estate: Please specify if property is jointly owned

Type of Real Estate and Location	Name(s) on Title	Approximate Value
		\$
		\$
		\$

Life Insurance:

Company	Type of Policy	Policy Number	Face Value	Cash Value	Beneficiary
			\$	\$	
			\$	\$	
			\$	\$	

List all Debts, Mortgage, and financial obligations

Payments Made To:	Total Amount Owed	Monthly Payments
	\$	\$
	\$	\$
	\$	\$

HEALTH INSURANCE:

Name of Insurance	Policy Number	Group Number
Medicare		
Medicaid		
Veterans Insurance		
HMO/ Managed Care		
Secondary Insurance		
Other		

RESPONSIBLE PARTY

Name of Person Responsible for payment of bills: _____

Relationship: (Self, POA, Attorney, Guardian) _____

Address: _____

Telephone Number: _____ Cell: _____

AUTHORIZATION AND CONSENT:

I certify that the foregoing is a true and complete statement of my assets and liabilities and understand that Elant, Inc. will act in reliance upon it.

I hereby authorize Elant, Inc. to contact my financial references if necessary to verify the information contained in this statement.

I authorize Elant, Inc. to pursue third party reimbursement and to make available such information of my medical and financial status as is appropriate.

Name of Applicant: _____

Signature: _____ Date: _____

NO PERSON SHALL BE DISCRIMINATED AGAINST ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, HANDICAP, BLINDNESS HANDICAP, SEX, AGE, SEXUAL PREFERENCE, SOURCE OF PAYMENT, SPONSORSHIP IN ADMISSION, MARITAL STATUS, OR IN THE RETENTION OR CARE OF RESIDENTS



Please return completed applications;

By mail to:

Elant Centralized Placement Services Department
46 Harriman Drive
Goshen, NY 10924

By fax to: 877-819-2249

By email to: Info@elant.org.

Should you have any questions please contact us toll free at **800-501-3936**