



Clinton County Nursing Home
Application for Admission
Phone #: 518-563-0950
Fax#: 518-563-1060
16 Flynn Avenue Plattsburgh, N.Y. 12901

- Please fill out completely.
- Please provide copies of any/ all insurance cards (front and back).
- Please provide copies of DNR (Do Not Resuscitate), HCP (Health Care Proxy) or LW (living will).
- Please provide copy of POA (power of attorney).

Thank you for your application. A Patient Review Instrument (PRI) is a New York State requirement prior to admission. If you are coming from a hospital, they will provide the PRI. If you are coming from home, your Primary Care Physician can provide an order so that you can contact Clinton County Health Department to come into the home and make a nursing assessment by a certified PRI nurse. If you wish to transfer from another nursing facility, please contact that facility's social services staff.

In the event of a temporary stay (such as for restorative rehabilitation), our Admissions staff would be happy to provide a list of local Adult Homes and Family-type Homes, as well as Assisted Living facilities in the area.



Clinton County Nursing Home Pre Admission Information

Please fill in as completely as possible Date _____

Applicant Full Name: _____

Where is the applicant presently? _____

Home Address: _____ City, State, Zip _____

Date of Birth: _____ Place of Birth: _____

Sex: M F Race: _____ US Citizen Y N

Marital Status: Married Single Widowed Divorced

Spouse's name: _____

Father's Name: _____ Mother's Maiden Name: _____

Veteran: Y N Spouse of Veteran: Y N Branch: _____

Education: _____

Occupation: _____ (prior to retirement)

Religion: _____ Clergy: _____

Church: _____

Address: _____ Phone: _____

Funeral Home: _____

Address: _____ Phone# _____

Prearranged Y N

Social Security Number: _____ Medicare number: _____

Part A Y N Part B Y N Effective date(s): _____

Medicare D (prescription) plan: _____

ID #: _____ Grp.# _____

Has Medicaid application been made? Y N If yes, when? _____

Medicaid number: _____ Effective Date: _____

Other Insurances

Company Name & Address: _____

Policy Holders Name: _____

Policy #: _____ Group#: _____ Effective date: _____

FINANCIAL INFORMATION

INCOME

Social Security \$ _____
SSI \$ _____
Veterans Benefits \$ _____ VA claim #: _____
Pensions \$ _____ Source: _____
Other \$ _____ Source: _____

ASSETS

Savings \$ _____
Certificates of Deposit \$ _____
Financial Institution & account Numbers _____
Stocks \$ _____ Bonds \$ _____
Life Insurance/Annuity \$ _____
Company Name, Address _____
Rental income \$ _____ Location: _____
Does the Resident own a home? __Y__N Rent an apartment? __Y__N
Other Property? _____
Location: _____
Has any property been transferred in the last 5 years? ___Yes ___No
If Yes please explain: _____

Current Primary Physician: _____

If your physician is not an attending physician at CCNH, which of the following would you prefer, if available:

Dr. Schroyer Dr. Likhite Dr. Qudsi

Responsible Party
Name: _____ POA: Y N
Address: _____
Phone # Home: _____ Work _____
Relationship: _____

Prior hospital stay: Y N Dates: _____

Prior Nursing Home stay: Y N Dates: _____

Where: _____

Does the applicant smoke? Y N (Please note that Clinton County Nursing Home is a non-smoking facility.)

Does applicant have Do Not Resuscitate order? ___Y ___N
Health Care Proxy? ___Y ___N Living Will? ___Y ___N

(If yes, please provide copies of these documents.)

Will applicant be returning home if we deem it a safe discharge? ___Y___N

I hereby represent that the information on this admission application is a true and accurate reflection of the applicant's personal and financial status. In addition, I hereby authorize Clinton County Nursing Home to verify all accounts and information contained on this application.

Person completing this application

Please print

Date

Relationship to Applicant

Signature

It is the policy of the Clinton County Nursing Home to not discriminate and admit and treat all residents without regard to race, creed, color, place of birth, national origin, sex, sexual preference, marital status, disability, sponsorship, or source of payment.