

Brompton Heights, Inc.
275 Brompton Road, Williamsville, New York 14221
Phone: (716) 634-5734 Fax: (716) 634-1416

APPLICATION FOR ADMISSION

Instructions: Please complete all information and return to us prior to your tour. There is no financial obligations made as a result of filling out this application.

1. Personal Data

Name _____ Sex: F M
Address: _____ Phone: _____

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

***If no, Proof of Citizenship required and Admissions Department will make copy for file.**

Marital Status: Single Married Divorced Widow(er)
Maiden Name: _____ Spouse's Name: _____
Social Security Number _____ - _____ - _____ Religion: _____
Veteran Yes No Years/War Served _____
Spouse a Veteran Yes No Years/War Served _____
Applicant's Current Location _____
(If different from above)

2. Personal Arrangements

Attending Physician _____ Phone _____
Address: _____
Will this physician be responsible for your care while at the Facility? Yes No
Specialist Physician _____ Phone _____
Address: _____

3. Personal Contact

Power of Attorney or Responsible Party (Upon admission, a current copy of Power of Attorney designation is required.)

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
e-mail Address: _____

4. Health Insurance

Carrier: _____ Policy # _____ Group # _____

Medicare Number: _____ : _____ Effective Date _____

Medicaid Number: _____ Effective Date: _____

Case Number: _____ County: _____

Other Medical Insurance: _____

Prescription Card Number _____

5. Financial Information PLEASE BE ADVISED THAT PAYMENT IS DUE UPON ADMISSION TO OUR FACILITY AS FOLLOWS: 1) Admissions prior to the 15th of the month: one month; 2) Admissions after the 15th of the month: balance of month, plus one month.

All information is confidential. List only applicant resources.

a. <u>Applicant's monthly income</u>	\$	_____
Social Security	\$	_____
Retirement Pension (source and amount)	\$	_____
Annuities, Dividends, interests	\$	_____
VA (will assist you to determine if eligible. Refer to Page 4.)	\$	_____
Total	\$	_____

b. Real Estate (if owned individually, joint names or as tenants in common, so indicate).

#1 Address _____

#2 Address _____

Manner of ownership: _____ Individual

_____ Joint (list name) _____

_____ Other: _____

Value of Property: \$ _____

c: Bank Deposits

Name of Bank(s)	Current Balance

d. Stocks and Bonds

Name of Corporation or Issuer of Bonds	Owner	Number of Bonds or Shares of Stock	Value

e. Life Insurance Policies

Company Name	Policy Number	Owner	Beneficiary	Cash Value

6. Signatures

Resident: _____ Date: _____

Responsible Party: _____ Date: _____

AMDR: _____ Date: _____

Administrator: _____ Date: _____

Veteran Aid and Attendance Benefit For Assisted Living

Veterans Administration Benefits for Assisted Living

Attention Veterans or the Surviving Spouse of a Veteran:

You may qualify for assistance to help cover the costs of assisted living. If you are a United States veteran or surviving spouse of a veteran, you may qualify for the Aid & Attendance Program and receive monthly benefits to help cover the costs of assisted living care. This benefit is **not dependent upon service-related injuries for compensation**. It allows for Veterans and surviving spouses who require the regular attendance of another person to assist in day-to-day activities to receive additional monetary compensation and care in an assisted living facility also qualifies. Additionally this is a **tax-free benefit that most veterans needing assistance qualify for**.



What is the Aid & Attendance Benefit?

Aid & Attendance is a Federal benefit that was added onto a need-based pension offered through The Department of Veteran Affairs. It provides benefits for veterans and surviving spouses who need assistance with their activities of daily living and meet specific requirements. Care provided in an assisting living facility qualifies.

What are the benefits of Aid & Attendance?

For 2011 the maximum annual benefit for the Aid & Attendance level of pension is:

Veteran with no Spouse or dependent children: \$19,584* / \$1,632 month

A married Veteran where the Veteran requires care: \$23,388* / \$1,949 month

Surviving Spouse of a Veteran: \$12,660* / \$1,053 per month

How do you qualify for the Aid & Attendance Benefit?

The Veteran's Administration offers pension benefits to Veterans (or Surviving Spouses of Veterans) under two circumstances.

1. If the Veteran: received discharge from service under any condition other than dishonorable, served at least 90 days of active military service 1 day of which was during a war-time period, AND (or Surviving Spouse) is age 65 or older.
2. The Veteran is permanently and totally-disabled AND total countable family income is below an annual limit set by law.

Periods of wartime are:

World War I: 5/9/1916-11/11/1918

World War II: 12/07/1941-12/31/1946

Korean Conflict: 6/27/1950-1/31/1955

Vietnam Era: 8/5/1964-5/7/1975

Persian Gulf: 8/20/1990-present

Our community in your area can help you learn more about the Aid & Attendance Program. In addition, we work with several benefits administrators that can help families of eligible veterans and surviving spouses apply for benefits from The Department of Veteran Affairs.

*Figures are from the Veteran's Administration as of 12/01/09. Please contact the VA to verify current Aid and Attendance monthly payments