



CIRRUS MANOR RESIDENTIAL ADMISSION APPLICATION

APPLICATION DATE : _____

APPLICANTS NAME : _____
(FIRST) (MIDDLE) (LAST) (SUFFIX)

DATE OF BIRTH : _____ SOCIAL SECURITY NUMBER : _____

CURRENT HOME ADDRESS :

-

-

HOME PHONE : _____ MARITAL STATUS : _____

CELL PHONE : _____ NAME OF SPOUSE : _____

EMAIL : _____ (PLEASE PROVIDE NAME OF SPOUSE EVEN IF DECEASED)

HEALTH INSURANCE COVERAGE (PLEASE PROVIDED COPIES OF ANY INSURANCE LISTED BELOW)

PLEASE LIST MEDICARE OR MEDICAID & PROVIDE COPIES OF YOUR CARD(S) IF APPLICABLE.

INSURANCE NAME	POLICY NUMBER	GROUP &/OR PLAN NUMBER

DO YOU INTEND TO APPLY FOR MEDICAID? (YES) (NO)

ANTICIPATED DATE OF APPLICATION : _____

HOW DID YOU HEAR ABOUT US? (PLEASE CIRCLE)

FAMILY/FRIEND/ACQUAINTANCE NEWSPAPER RADIO TELEVISION

WEBSITE OPEN HOUSE/COMMUNITY EVENT BROCHURE CHURCH

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OTHER : _____

EMERGENCY CONTACT INFORMATION

1. NAME : _____ RELATIONSHIP : _____

HOME ADDRESS :

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HOME PHONE :

_____ REPRESENTATIVE NEXT OF KIN

CELL PHONE :

_____ LEGAL GUARDIAN POA

EMAIL : _____ HCP

2. NAME : _____ RELATIONSHIP : _____

HOME ADDRESS :

-

-

HOME PHONE :

_____ REPRESENTATIVE NEXT OF KIN

CELL PHONE :

_____ LEGAL GUARDIAN POA

EMAIL : _____ HCP

MEDICAL / HEALTH PROVIDERS

PRIMARY CARE PROVIDER : _____ PHONE : _____

ADDRESS : _____

CONSULTING PROVIDER : _____ PHONE : _____

ADDRESS : _____

REVISION DATE : 11/13/2025

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WILL FAMILY TRANSPORT TO MEDICAL APPOINTMENTS? (YES) (NO)

IF YES, WHO WILL BE THE PRIMARY TRANSPORT? _____

IMMUNIZATIONS :

LAST INFLUENZA (FLU) DATE : _____ LAST PNUEMOVAX (PNUEMONIA) DATE : _____

DATE OF FIRST COVID VACCINE : _____ DATE OF SECOND COVID VACCINE : _____

COVID BOOSTER ONE : _____ COVID BOOSTER TWO : _____

FINANCIAL DISCLOSURE

SOURCE	APPLICANT	SPOUSE
SOCIAL SECURITY		
VETERAN'S PENSION		
OTHER PENSIONS		
ANNUITIES		
INTEREST INCOME		
OTHER INCOME		
TOTAL MONTHLY INCOME		

NOTES :

ASSET TYPE	INSTITUTION NAME	ACCOUNT #	CURRENT BALANCE OR CASH
CHECKING			
SAVINGS			

CD (MATURITY DATE)			
ANNUITIES			

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LIFE INSURANCE POLICIES			
PRE-PAID			
TOTAL CASH ASSETS :			

NOTES :

REAL ESTATE / OTHER

1. PROPERTY ADDRESS :

APPRAISED

OR MARKET VALUE: _____

2. PROPERTY ADDRESS :

APPRAISED

OR MARKET VALUE: _____

HAVE YOU TRANSFERRED ANY ASSETS TO ANOTHER PERSON WITHIN THE LAST 5 YEARS? (YES) (NO)

IF YES, PLEASE STATE THE VALUE OF THE ASSET, TO WHOM IT WAS TRANSFERRED, AND THE DATE OF THE TRANSFER :

HAS THE APPLICANT / SPOUSE RETAINED THE SERVICES OF AN ATTORNEY TO OBTAIN MEDICAID ELIGIBILITY?
(YES) (NO)

IF YES, PLEASE STATE CURRENT STATUS OF ELIGIBILITY PROCESS :

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PLEASE LIST CURRENT DEBT/FINANCIAL OBLIGATIONS:

BUSINESS OR ORGANIZATION NAME	TYPE OF DEBT	ACCOUNT BALANCE	MONTHLY PAYMENTS

BURIAL INFORMATION

FUNERAL HOME : _____ ADDRESS : _____

CEMETERY : _____ ADDRESS : _____

GRAVE : _____

INSTRUCTIONS :

CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME TO CIRRUS MANOR IS AND WILL BE CORRECT. I AGREE TO PAY ANY EXPENSE DUE TO CIRRUS MANOR BECAUSE OF ANY INCORRECT INFORMATION PROVIDED BY ME.

NAME OF RESPONSIBLE PARTY : (PERSON RESPONSIBLE FOR MAKING PAYMENT TO CIRRUS MANOR)

NAME : _____ RELATIONSHIP IF OTHER THAN RESIDENT : _____

ADDRESS :

HOME PHONE : _____

CELL PHONE : _____

EMAIL : _____

SIGNATURE : _____ DATE : _____

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PLEASE INCLUDE THE FOLLOWING ITEMS, AS APPLICABLE, WHEN RETURNING COMPLETED APPLICATION:

- COPY OF SOCIAL SECURITY CARD
- COPY OF MEDICARE CARD(S)
- COPY OF HEALTH INSURANCE CARD(S)
- COPY OF MEDICATION / PART D PLAN CARD(S)
- COPY OF *EPIC* CARD(S)
- COPY OF PHOTO ID
- COPY OF SOCIAL SECURITY AWARD LETTER / SSI AWARD LETTER
- COPY OF VA AWARD LETTER
- COPY OF HEALTH CARE PROXY
- COPY OF POWER OF ATTORNEY
- COPY OF LIVING WILL
- COPY OF DNR
- COPY OF BURIAL
- COPY OF LIFE INSURANCE POLICY/POLICIES INCLUDING CASH VALUE
- THREE (3) MONTHS OF BANK STATEMENTS FOR ALL ACCOUNTS : CHECKING & SAVINGS
- VERIFICATION OF PROPERTY AND APPROXIMATE
- VERIFICATION OF ALL RESOURCES: BONDS, STOCKS, CD'S, 401K ETC.
- VERIFICATION OF MEDICAID APPLICATION, NAME OF WORKER, & COUNTY APPLIED IN
- VERIFICATION OF COVID VACCINATION (IF APPLICABLE)

**IF CIRRUS MANOR WILL BE ASSISTING IN THE MEDICAID APPLICATION PROCESS,
PLEASE PROVIDE THE FOLLOWING DOCUMENTS IN ADDITION TO THE ABOVE LISTED :**

- SIX (6) MONTHS OF BANK STATEMENTS FOR ALL ACCOUNTS : CHECKING & SAVINGS
- COPY OF BIRTH CERTIFICATE
- COPY OF MARRIAGE CERTIFICATE
- COPY OF SPOUSE'S DEATH CERTIFICATE
- VEHICLE REGISTRATION
- VERIFICATION OF ALL RESOURCES WITH THE INDIVIDUALS NAME ATTACHED TO IT

PAYMENT REVIEW

INCOME

SOCIAL SECURITY: RETIREMENT (SSA) _____

SOCIAL SECURITY: DISABILITY (SSDI) _____

SOCIAL SECURITY: SUPPLEMENTAL SECURITY INCOME (SSI) _____

PENSION : _____

OTHER

INCOME : _____

TOTAL INCOME : _____

MONTHLY PERSONAL NEEDS

ALLOWANCE (PNA)

(AMOUNT DEPENDS ON
RESIDENTS MONTHLY BENEFITS)

SSA , SSDI	(FOR 2026)	\$	282
SSI	(FOR 2026)	\$	262

SERVICES INCLUDED IN RENT

INCLUDED

INCLUDES : 3 MEALS + SNACK A DAY, ALL UTILITIES,
MEDICATION MANAGEMENT,
LAUNDRY, HOUSEKEEPING, & ACTIVITIES

RENT (MONTHLY)

SEMI-PRIVATE ROOM (SSI)	(fluctuates annually)	\$	1,426
STANDARD SEMI - PRIVATE ROOM		\$	3,500
STANDARD PRIVATE ROOM		\$	4,500

YOUR MONTHLY

PAYMENT TOWARDS RENT

(Additional financial assistance from the NYS Supplement Program may be available for residents with incomes below \$1708.