



The Lodge at Wolk Manor

Assisted Living Memory Care

CONFIDENTIAL DATA APPLICATION

FINANCIAL INFORMATION FORM

THE LODGE AT WOLK MANOR

7000 Summit Circle Drive

Rochester, NY 14618

(585) 442-1950

THE LODGE AT WOLK MANOR
Assisted Living Memory Care
Confidential Data Application
Financial Information Form

Birth Date: _____

APPLICANT NAME: _____ Telephone #: _____

ADDRESS: _____
Street City State Zip

MARITAL STATUS Single Married Widowed SOCIAL SECURITY # ____ - ____ - ____

INSURANCE COVERAGE

Medicare Number _____

First Supplemental Insurance Name _____ Policy # _____

Second Supplemental Insurance Name _____ Policy # _____

PERSONAL FINANCIAL STATUS

ASSETS

Equity in Residence * \$ _____
(Estimated Value less Mortgage)

*Street & City of Residence

Savings & CDs \$ _____

Stocks & Bonds \$ _____

Trusts & Estates available for use \$ _____
(attach copy)

Irrevocable Trusts \$ _____
(attach copy)

Other Real Estate Equities \$ _____

Other _____ \$ _____

TOTAL ASSETS \$ _____

MONTHLY INCOME

Social Security \$ _____

Pension/Retirement Income \$ _____

Interest Income \$ _____

Dividends \$ _____

Rental Income \$ _____

Other _____ \$ _____

TOTAL INCOME \$ _____

The following section has been developed to assist applicants with determining what their personal expenses will be when residing at The Lodge at Wolk Manor.

MONTHLY EXPENSES

Anticipated Lodge at Wolk Manor	\$ _____
Monthly Service Fee	
Pharmacy	\$ _____
Out of Pocket Medical	\$ _____
Health Insurance Premiums	\$ _____
Subscriptions	\$ _____
Life Insurance Premiums	\$ _____
Potential out of pocket home health	\$ _____
Laundry & Dry Cleaning	\$ _____
Hair Grooming	\$ _____
Special Cultural Events	\$ _____
Personal toilet & commissary goods	\$ _____
Medical/Recreational Transportation	\$ _____
Phone expenses	\$ _____
Other _____	\$ _____
TOTAL EXPENSES	\$ _____

Please provide the name, address and telephone number of the applicant's Power of Attorney (attach copy) . If there is not a Power of Attorney, please provide the information for the person serving as the representative.

I understand that prior to approving this application, The Lodge at Wolk Manor may request additional information concerning my finances. I hereby declare that all statements made on this application are true and accurate to the best of my knowledge. I understand that failure to provide accurate and truthful information may result in termination of this agreement and my residence at The Lodge at Wolk Manor at any time.

I further understand, The Jewish Home of Rochester, The Summit at Brighton, Wolk Manor and The Lodge at Wolk Manor are part of the same organization under one Parent Board of Directors. I understand that should the applicant(s) above, require the services of the Jewish Home, the information supplied on this and any application(s) to the organization will be used in conjunction with any additional application(s) I complete for admission to The Jewish Home. The Jewish Home must be concerned there is no non-qualifying transfer of the applicant(s) assets for the purpose of Medicaid application. Any and all financial information submitted to The Summit at Brighton, Wolk Manor or The Lodge at Wolk Manor will be supplement to any application to The Jewish Home and used for comparative purposes.

Applicant

Date

Legal Representative

Date