



The Lodge  
*at Wolk Manor*

ENRICHED LIVING CENTER

CONFIDENTIAL DATA APPLICATION

THE LODGE AT WOLK MANOR

7000 Summit Circle Drive

Rochester, NY 14618

(585) 341-2307

**THE LODGE AT WOLK MANOR**  
**Enriched Living Center**  
**Confidential Data Application**

Birth Date: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ Telephone #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

E-MAIL ADDRESS: \_\_\_\_\_

MARITAL STATUS  Single  Married  Widowed SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**INSURANCE COVERAGE**

Medicare Number \_\_\_\_\_  
First Supplemental Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_  
Second Supplemental Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_  
Long Term Care Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**PERSONAL FINANCIAL STATUS** **(Please attach Verifications, i.e. recent bank statement)**

**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 \$ \_\_\_\_\_  
Long Term Care Insurance \$ \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

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

**MONTHLY EXPENSES**

Anticipated 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 _____	\$ _____
<b>TOTAL EXPENSES</b>	\$ _____

**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.**

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**I understand that prior to approving this application, 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 Wolk Manor at any time.**

**I further understand, The Jewish Home of Rochester, The Summit at Brighton and 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 or Wolk Manor will be supplement to any application to The Jewish Home and used for comparative purposes.**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Legal Representative**

\_\_\_\_\_  
**Date**

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION:**

**I hereby authorize my physician to release to Wolk Manor any and all medical information in his/her possession. Such medical information includes all information regarding my medical history, mental or physical condition or treatment.**

**Please promptly reply to this request as Wolk Manor cannot act on my application without this response.**

**Thank you for your cooperation.**

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**Signature**

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**Print Name**

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**Person preparing this form**  
**POA's must attach a copy**

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**Relationship**