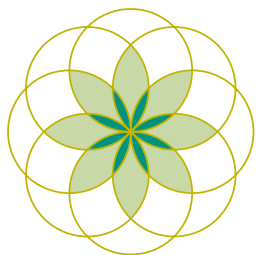


CONFIDENTIAL DATA APPLICATION

This Application consists of a **General Information** section and a **Financial Statement**. Please furnish information requested as completely and accurately as possible. Information should be current as of the date of the application.

All personal information will be held in strict confidence.

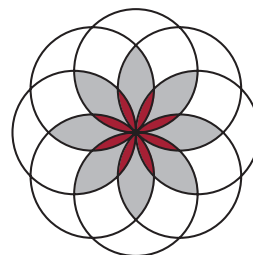


ST. ANN'S
COMMUNITY

at Chapel Oaks

1550 Portland Avenue
Rochester, NY 14621
585.697.6606

stannscommunity.com/chapel-oaks/



ST. ANN'S
COMMUNITY

at Cherry Ridge

900 Cherry Ridge Blvd
Webster, NY 14580
585.697.6700

stannscommunity.com/cherry-ridge/

Caring for the Most Important People On Earth



GENERAL INFORMATION Confidential Data Application

Date _____

St. Ann's Community at Chapel Oaks St. Ann's Community at Cherry Ridge

Floor Plan Style Desired _____ Care Level Desired _____

Full Name _____ Date of Birth _____

Spouse's Name _____ Date of Birth _____

Address _____
Street _____ City _____ State _____ Zip _____

Phone _____ Email _____

Marital Status Single Married Widowed Divorced Separated

Present Living Arrangement Own Rent Live with Relative Other Number of years _____

Children (if any)

Telephone Number

Name _____ Home _____

Address _____ Work _____

Email _____ Cell _____

Name _____ Home _____

Address _____ Work _____

Email _____ Cell _____

Name _____ Home _____

Address _____ Work _____

Email _____ Cell _____

If more space is needed, please attach a separate page

Emergency Contact (Indicate relationship)

Telephone Number

Name/Relation _____ Home _____

Address _____ Work _____

Email _____ Cell _____

Name/Relation _____ Home _____

Address _____ Work _____

Email _____ Cell _____

If more space is needed, please attach a separate page

GENERAL INFORMATION

Confidential Data Application

Please check all that apply

Health Care Proxy Living Will POA DNR/Advance Directive

Applicant is able to independently manage the following:

Medications Personal Hygiene Dietary Needs Orientation & Awareness Medical Equipment

List Your Power of Attorney, if applicable

Telephone Number

Name _____ Home _____

Address _____ Work _____

Medical Information

Primary Care Physician _____ Telephone _____

Address _____
Street City State Zip

Personal History

Where have you lived most of your life?

Self _____ Spouse _____

Present or former occupation(s)?

Self _____ Spouse _____

In what civic, fraternal, or other activities have you been involved?

Self _____ Spouse _____

What are your hobbies and special interests?

Self _____ Spouse _____

Would you be interested in serving on a Resident Council?

Self Yes No Spouse Yes No

Will you be bringing a car? Yes No

If yes, Driver's License _____ Plate Number _____

Are you working with an Elder Law Attorney or other legal council? Yes No

if so, who? _____

FINANCIAL STATEMENT Confidential Data Application/Financial Statement

Information will be kept strictly confidential and will be used solely for the purpose of determining eligibility.
Please complete this form in its entirety. If a section does not apply, please write N/A.

Name _____

Date of Birth _____ Social Security Number _____

Spouse's Name _____

Date of Birth _____ Social Security Number _____

Address _____
Street City State Zip

Phone _____ Email _____

Medicare Number(s) Applicant _____ Part A Part B

Spouse _____ Part A Part B

Medigap Coverage Applicant _____ Medigap Number _____

Spouse _____ Medigap Number _____

Prescription Coverage Applicant _____

Spouse _____

Other Health Coverage/Long Term Care Insurance _____

Indicate person financially responsible for bills (if self, write self) _____

Indicate where you would like bills sent _____

Name

Street

City

State

Zip

Phone

GENERAL INFORMATION Confidential Data Application/Financial Statement

Regular Monthly Income	Prospective Resident's	Spouse's
Earned Income	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Civil Service Pension	\$ _____	\$ _____
Railroad Retirement Plan	\$ _____	\$ _____
Teachers Retirement Plan	\$ _____	\$ _____
Other Government Agency Plan	\$ _____	\$ _____
Company Retirement Plan	\$ _____	\$ _____
Annuity/Insurance Plan	\$ _____	\$ _____
Trust Income	\$ _____	\$ _____
Payments of Loans, Notes, and Mortgages owed to you	\$ _____	\$ _____

Investment Income

Rental Property Income	\$ _____	\$ _____
Interest on Savings/CD's	\$ _____	\$ _____
Income from Stock/Bonds	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

Do you have a trust ? Yes No

Trust \$ _____ \$ _____

Is the Trust Revocable Irrevocable Special Needs (specify purpose) _____

Can Principal of the Trust be used if needed? Yes No

When was the most recent transfer of assets into the trust? _____

Note: List below any pertinent information regarding expiration dates on the above listed sources of income. Explain if pension and annuity plans include survivor benefits. Indicate if the amounts are reduced and to what level. If married, indicate any assets that will not be available for your spouse at death.

GENERAL INFORMATION

Confidential Data Application/Financial Statement

Have you made any major transfer of assets in the past 5 years? Yes No

Do you anticipate any significant changes in your financial situation in the next 3-5 years? Yes No

If so please attach an explanation.

List your assets and liabilities

ASSETS

TOTAL

Checking Account \$ _____

Savings Account \$ _____

Certificates of Deposits \$ _____

Government Securities \$ _____

Total Securities* \$ _____
(i.e. stocks, bonds, mutual funds, etc.)

Total Unlisted Securities* \$ _____
(Privately held company, etc.)

Accounts Receivable \$ _____

Home Value \$ _____

Other Real Estate Owned \$ _____

Individual Retirement Account \$ _____

Other Assets \$ _____

Total Assets \$ _____

LIABILITIES

TOTAL

Notes Payable to bank \$ _____

Accounts and Bills Due \$ _____

Real Estate Mortgage \$ _____

Real Estate Tax \$ _____

Other Debts (i.e. car payment) \$ _____

Other Liabilities \$ _____

Total Liabilities \$ _____

NET WORTH

Assets \$ _____

Minus Liabilities \$ _____

Net Worth \$ _____

I understand that a request or need for a change in care setting will require additional financial review and approval

I affirm that all assets and income listed on pages 4 and 5 have been presented with intention to use them for applicant's care and residency at St. Ann's Community.

I understand that St. Ann's may request annual financial reviews.

*Please provide a copy of all securities.

GENERAL INFORMATION Confidential Data Application/Financial Statement

I HEREBY DECLARE THAT ALL STATEMENTS MADE IN THIS CONFIDENTIAL DATA APPLICATION ARE TRUE AND COMPLETE ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT THE SPONSOR IS RELYING ON MY REPRESENTATIONS HEREIN IN DETERMINING WHETHER TO ENTER INTO A RESIDENT AGREEMENT WITH ME.

In witness whereof, Prospective Resident has read and understands this is the Confidential Data Application and executed the Confidential Data Application.

*Priority Reservation Holder/Prospective Resident

Date

*Priority Reservation Holder/Prospective Resident

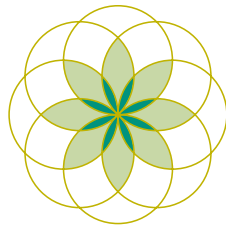
Date

Marketing Representative

Date

Upon submission of the application, please attach a copy of the following documents:

- Most current statements for listed assets, income, and ownership
- A copy of your long term care insurance policy
- A copy of your current trust fund agreement and most current trust fund statement
- A copy of all securities
- A copy of Power of Attorney and Health Care Proxy if applicable

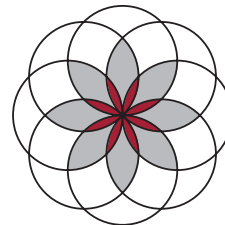


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