

*Fredonia Place*  
*Fredonia • Williamsville*  
 ASSISTED LIVING & MEMORY CARE

**Application for Residency**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Location:  Fredonia  Williamsville  
 Home Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Mobile Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Former Occupation/Educational Background: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Veteran:  No  Yes Spouse of a Veteran:  No  Yes

Fredonia Location: Interested in:  Assisted Living  Liberty  Putnam  Barker  Lafayette  
 Memory Care  
 Williamsville Location: Interested in:  Assisted Living  Ellicott  Garrison  Neumann  Williams  
 Memory Care

**How did you hear about Fredonia Place?**

Website  Radio  Newspaper  Social Media  Friend, (Name): \_\_\_\_\_ Other: \_\_\_\_\_

**Marital Status:**  Single  Married  Widowed  Divorced  Separated Other: \_\_\_\_\_

Name of Spouse (if any): \_\_\_\_\_

**Emergency Contact 1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Mobile Telephone #: \_\_\_\_\_

**Emergency Contact 2 (if any):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Mobile Telephone #: \_\_\_\_\_

**Power of Attorney: (copy must be submitted upon move-in)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Health Care Proxy: (copy must be submitted upon move-in)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Funeral Home:** \_\_\_\_\_ Prepaid Burial:  No  Yes

**Driving:**  No  Yes Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_

**Religious Affiliation (Optional):** \_\_\_\_\_ Church Name (Optional): \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Company: \_\_\_\_\_ Date of last appointment: \_\_\_\_\_  
 Specialist: \_\_\_\_\_ Company: \_\_\_\_\_ Specialty: \_\_\_\_\_ Last appointment: \_\_\_\_\_  
 Specialist: \_\_\_\_\_ Company: \_\_\_\_\_ Specialty: \_\_\_\_\_ Last appointment: \_\_\_\_\_  
 Specialist: \_\_\_\_\_ Company: \_\_\_\_\_ Specialty: \_\_\_\_\_ Last appointment: \_\_\_\_\_

Fredonia Place is committed to equal opportunity. We do not discriminate against anyone including, but not limited to: Race, Color, Creed, Age, National Origin, Alienage, Citizenship Status, Sex, Sexual Orientation, Disability, Marital Status, Partnership Status, Military Status, Veteran Status, Religion, Gender Identity, Predisposing Genetic Characteristics or Genetic Information, Arrest or Conviction Record, Status as a Victim of Domestic Violence, Status as a Victim of Stalking and Sex Offences. Fredonia Place will do whatever is necessary to provide for reasonable accommodations. Please call (716) 679-2250 for assistance.



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Hospitalization in the last year:  No  Yes Why: \_\_\_\_\_

Does the applicant smoke?  No  Yes

Medicare #: \_\_\_\_\_  Part A  Part B  Part C  Part D, who? \_\_\_\_\_

Medicaid:  No  Yes Number: \_\_\_\_\_

Private Insurance:  No  Yes Who: \_\_\_\_\_ ID Number: \_\_\_\_\_

Long Term Care Insurance:  No  Yes Who: \_\_\_\_\_

Other Insurance: Type: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Copies of insurance cards must be submitted upon move-in**

Reason for Residency: \_\_\_\_\_

<b>Income:</b>	<b>Applicant</b>	<b>Spouse</b>	<b>Total</b>
Social Security	\$ _____ month	\$ _____ month	\$ _____ month
Annuity	\$ _____ month	\$ _____ month	\$ _____ month
Pension	\$ _____ month	\$ _____ month	\$ _____ month
Interest/Dividends	\$ _____ month	\$ _____ month	\$ _____ month
Other (describe)	\$ _____ month	\$ _____ month	\$ _____ month
Total			\$ _____ month

<b>Assets:</b>	<b>Applicant</b>	<b>Spouse</b>	<b>Total</b>
Checking Account	\$ _____	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____	\$ _____
Certificate of Deposit	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____	\$ _____
Stocks & Bonds	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
Total			\$ _____

<b>Liabilities:</b>	<b>Applicant</b>	<b>Spouse</b>	<b>Total</b>
Real Estate	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total			\$ _____

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Will there be a Third Party Contributor:  No  Yes Who will guarantee the agreed rate: \_\_\_\_\_

Signature of Third Party Contributor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Mobile Telephone #: \_\_\_\_\_

<b>Income:</b>	<b>3<sup>rd</sup> Party Contributor</b>	<b>Spouse of 3<sup>rd</sup> Party</b>	<b>Total</b>
	\$ _____ month	\$ _____ month	\$ _____ month
<b>Assets:</b>	<b>3<sup>rd</sup> Party Contributor</b>	<b>Spouse of 3<sup>rd</sup> Party</b>	<b>Total</b>
	\$ _____	\$ _____	\$ _____
<b>Debts:</b>	<b>3<sup>rd</sup> Party Contributor</b>	<b>Spouse of 3<sup>rd</sup> Party</b>	<b>Total</b>
	\$ _____	\$ _____	\$ _____

### Statement of Accuracy

*I hereby certify that the supplied information is correct and complete to the best of my knowledge. I understand that any misrepresentation could result in the forfeiture of my status as a resident at Fredonia Place, that this application does not obligate Fredonia Place in any way and that the information given herein is strictly confidential.*

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Applicant's/Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

Sales Signature: \_\_\_\_\_ Date \_\_\_\_\_

Administrator: \_\_\_\_\_ Date \_\_\_\_\_

