

Application for Residency
The Manor
49 West Genesee Street
Skaneateles, New York 13152

The Manor provides a residence for independent adults who must be in reasonably good physical and mental health to be considered for admission.

1 Name _____ Maiden Name _____

2 Present Address _____

Telephone number _____ Cell phone number _____

Email Address _____

3 Date of Birth _____

4 Name and address of nearest relative:

Name _____ Relationship _____

Address _____

Telephone number _____ Cell phone number _____

Email Address _____

5 Is this relative the person who will be consistently and actively involved in your support?

Yes _____ No _____

If not, who will that person be?

Name _____

Address _____

Telephone number _____ Cell phone number _____

Email Address _____

6 Have you been in a hospital or rehab facility in the last five years? _____

If yes, give details and dates _____

7 Name and address of your primary care physician:

Name _____

Address _____

Telephone number _____

8 What is the monthly amount of your social security allotment and/ or pension? \$ _____

This application and the physician's report must be reviewed by the Manor Board for approval before an applicant can move into the Manor.

At time of admission, a check to cover the first month's rent and a security deposit equal to one month's rent is required.

The applicant/applicant's family is responsible for her/his medication. No medications are dispensed.

The Manor manager/cook provides the usual foods for normal diets. No special diets are provided.

The applicant is expected to care for her/his own room, however, periodic vacuuming and bathroom cleaning are provided by the Manor

Mealtime is an opportunity for residents to interact with one another in a family-like environment. Applicants are requested to be present at most meals.

The Manor is a non-smoking residence.

The Manor must ensure a safe and comfortable living environment for all residents. A chairlift is available for those who depend on a walker and/or a cane and need to get to the second floor. Occasionally a resident may need a temporary oxygen tank. This situation must be approved by the Board.

Aides /Companions

Occasionally, a resident/resident's family may find it necessary to hire a temporary aide or companion to assist a resident with their daily needs or doctor's visits. It is our expectation that the aide/companion will help maintain the family atmosphere at the Manor. The board reserves the right to ask a family to replace an aide/companion if they do not conform to this request.

Termination and Transfer

This agreement may be terminated by the Board, the resident or the family by giving 30 days' notice.

The Board of the Manor may terminate the agreement at its sole discretion. Reasons could include, but are not limited to:

- 1 The resident needs medical or nursing care which the Manor cannot provide.
- 2 The residents' behavior poses a risk of harm to her (him) self or anyone else at the Manor.
- 3 The resident fails to make timely payments.
- 4 The resident's behavior interferes with the orderly operation of the Manor.

If a resident fails to leave the Manor after a 30-day notice of termination, the family agrees to physically remove the resident, either personally or through another party.

Limitation or Liability

The Manor shall not be liable for any personal injury or property damage sustained by the resident unless such injury or damage is caused by gross negligence or willful misconduct of the Manor, its employee or agent. The Manor shall not be liable for loss, theft or destruction of the resident’s personal belongings placed in any part of the Manor or the Manor’s property.

Financial arrangements

Basic monthly rate is \$_____

The monthly rate shall be payable in advance.

A resident’s occupancy under this agreement will continue during any periods that the resident is temporarily living outside the Manor. No refunds will be made if the resident leaves the Manor before the end of a prepaid month.

If it becomes necessary to increase the monthly rate due to increased operating expenses, the resident will be notified at least 30 days in advance.

Signed_____

Date_____

Resident

Signed_____ (family member or person responsible)

Date_____ (family member or person responsible)