WESTERN NEW YORK COALITION POOLED TRUST APPLICATION

DEMOGRAPHICS

Name of applicant: _____
Home address: _____

_____
City County State Zip

Telephone No.: _____
Social Security #: _____
Date of Birth: _____
Sex: Male: _____ Female: _____

Marital status: _____ Maiden Name: _____
(S = Single, M= Married, W= Widowed, D= Divorced)

Location of applicant: _____
Number of People in Household _____

RESPONSIBLE PERSONS or EMERGENCY CONTACT

Name _____ Relationship _____
Address _____
City County State Zip
Home phone _____ Work phone _____
E-Mail Address _____
Bank Power of Attorney Yes __ No __
Health Care Proxy Yes __ No __
Durable Power of Attorney Yes __ No __
Guardian Yes __ No __
Guardian proceeding pending Yes __ No __

MEDICAL INFORMATION

Nature and onset of your disability:
_____
_____
_____

Do you use Medical equipment? Yes __ No __
If so what?
_____
_____
_____

Do you have any medical bills or medically related expenses? Yes __ No __
Explain_____

Do you have home care? Yes __ No __ If yes, how often? _____

Do you have a case manager? Yes __ No __

What agencies are involved with your care?

_____

_____

MEDICARE #: _____

- Hospital coverage (Part A) ____
- Effective date _____
- Medical coverage (Part B) _____
- Effective date _____

MEDICAID CASE # _____

- Medicaid CIN # _____
- Effective date _____
- Medicaid pending? Yes __ No __
- Long-Term Care Insurance Yes __ No __

If yes, name of carrier: _____
What is the name of your waiver program? _____

INSURANCE COVERAGE

- Veteran Yes __ No __
- Spouse Veteran? Yes __ No __

Other Medical Insurance examples: (BC, BS, IHA, HCP, EPIC, No Fault)
(Please indicate any SNF coverage)

Company / Insurer	Certificate #	Prescription Card (Yes __ No __) If yes, #

INCOME INFORMATION

Indicate if received money from:

		Amount
• Wages, Salary (including overtime), Commissions, Self-employment	Yes __ No __	_____
• Unemployment Insurance Benefits	Yes __ No __	_____
• Supplemental Security Income (SSI) Benefits	Yes __ No __	_____
• Social Security Disability Benefits	Yes __ No __	_____
• Social Security Dependent Benefits	Yes __ No __	_____
• Social Security Survivor's Benefits	Yes __ No __	_____
• Social Security Retirement Benefits	Yes __ No __	_____
• Railroad Retirement Benefits	Yes __ No __	_____
• Retirement Benefits (Pensions)	Yes __ No __	_____
• Dividends/Interest from stocks, bonds, savings, etc. Specify: _____	Yes __ No __	_____
• Workers' Compensation	Yes __ No __	_____
• NYS Disability	Yes __ No __	_____
• Veteran's Pensions/Benefits/Aid and Attendance	Yes __ No __	_____
• Food Stamps	Yes __ No __	_____
• Education Grants or Loans Specify: _____	Yes __ No __	_____
• Contributions/Gifts (Received)	Yes __ No __	_____
• Child Support Payments	Yes __ No __	_____
• Alimony/Support (Received)	Yes __ No __	_____
• Private Disability Insurance:	Yes __ No __	_____
• Income from a Trust: (including income you are currently entitled to receive, or were entitled to receive in the past, that has not been distributed)	Yes __ No __	_____
• Training Allotments	Yes __ No __	_____
• Rental Income (Received)	Yes __ No __	_____
• Other		

_____

RESOURCES INFORMATION

Indicate if **you:**

- Have cash on hand: Amount
  Location: _____
- Have a checking account(s) Yes __ No __ _____
  Location: _____
- Have a savings account(s) or certificate of deposit(s) Yes __ No __
  Location: _____
- Have an irrevocable burial trust or fund Yes __ No __ _____
  Specify: _____
- Are named the beneficiary of a trust Yes __ No __
- Expect to receive a trust fund, lawsuit, settlement, Inheritance or income from any other sources Yes __ No __
  Specify: _____
- Have resources other than those listed above? Yes __ No __
  Specify: _____

SHELTER EXPENSES

- What is your Landlord's name, _____
- Address, and phone number _____
  _____
- Do you have a rent, mortgage or other shelter expense? Yes __ No __ _____
  Who? _____

Do you have the following expenses separate from your rent or shelter expense?

- Electricity Yes __ No __ _____
- Gas Yes __ No __ _____
- Other utilities (water, etc.) Yes __ No __ _____
- Telephone Yes __ No __ _____
- Air conditioning Yes __ No __ _____

- Do you live in public/ section 8 housing? Yes __ No __ _____
  Specify: _____

What money will be placed in the Trust and how often?
(Lump Sum) (Monthly Income/Spenddown) (Periodic Payments) (Court ordered)
_____
_____

How do you see the trust money being spent?
_____
_____

OTHER EXPENSES

Do you have, or would you like the trust to pay for:

- Cable Y__ N__
- Computer expenses Y__ N__
- Animal care Y__ N__
- Hobbies/collections Y__ N__
- Travel expenses Y__ N__
- Subscriptions Y__ N__
- Medical care Y__ N__ (companion/housekeeper)
- Other Expenses _____

ADDITIONAL COMMENTS:
_____
_____
_____

Referral Source: _____

Beneficiary, or Representative: _____
Signature Date

Beneficiary's Attorney _____
Signature Date

Please return completed Application to: People Inc.
Attn. Pooled Trust
1219 North Forest Road
Williamsville, NY 14221