

Financial App Form

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Name: Wanda Rodgers

Name of the nursing home: Houghton Rehabilitation and Nursing

Date Of Birth: 1961-10-24

What is your Medicaid ID #: AZ57130T

Your Home Address

Street Address: 400 Forest Avenue

Address Line 2:

City: Buffalo

State/Region/Province: NY

home_postal_zipcode: 14213

Spouse

spouse info: Never married

Demographics

you selected:

Employment status: unemployed

Real Estate and Vechicles your home info within the past 5 years

Currently own: Yes

equity value of your home: 9333.33

your monthly bill:

Your Income Info Social Security

Name of payer: SSI Institutional rate while in hospital

Amount: 35.00

Frequency: monthly

Pension

Name of payer:

Amount:

Frequency:

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Pension

Name of payer:

Amount:

Frequency:

Annuity

Name of payer:

Amount:

Frequency:

IRA distribution

Name of payer:

Amount:

Frequency:

Stock Dividends

Name of payer:

Amount:

Frequency:

TRUST INFO

Trust name:

Garantor:

Trustee:

Amount:

Your Investments

Stocks

Company Name:

Approx. Value:

Bonds

Company Name:

Approx. Value:

Annuity

Company Name:

Financial App Form

Approx. Value:

IRA

Company Name:

Approx. Value:

Best Contact

Name: Mark Harrigan

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