



2300 Catherine Street, Cortlandt Manor, NY 10567  
(914) 739-2244 www.fieldhome.com

## FIELD HOME - HOLY COMFORTER Application for Long-term Admission

To be filled out by Patient or Designated Representative

*This application must be submitted before any individual can be considered for admission. Submission of an application does not create an entitlement to admission or mean that the applicant will be placed on a waiting list. Field Home – Holy Comforter does not deny admission because of race, creed, color, national origin, sex, sexual preference, disability (including blindness), marital status, age or sponsor.*

REFERRED BY \_\_\_\_\_

### **PART I: PERSONAL INFORMATION**

NAME Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms. Last First Middle

CURRENT ADDRESS \_\_\_\_\_  
Street (No P.O. Box, please) City  
State Zip County

PHONE ( ) \_\_\_\_\_

BORN (Month/Day/Year) \_\_\_\_\_ Place of Birth \_\_\_\_\_

US CITIZEN Yes \_\_\_\_\_ No \_\_\_\_\_ If not, Green Card # \_\_\_\_\_ Issue Date \_\_\_\_\_

ETHNIC ORIGIN \_\_\_\_\_ PRIMARY LANGUAGE \_\_\_\_\_

MARITAL STATUS Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

PRIMARY PHYSICIAN Name \_\_\_\_\_ Phone \_\_\_\_\_

RELIGIOUS PREFERENCE \_\_\_\_\_

OCCUPATION (prior to retirement, if retired) \_\_\_\_\_

EDUCATION \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**PART II: HEALTH INSURANCE**

MEDICARE # \_\_\_\_\_

Prescription Drug Insurance (Medicare Part D) \_\_\_\_\_

Other Health Insurance, If Any

Name of Carrier \_\_\_\_\_

Phone \_\_\_\_\_

Policy # \_\_\_\_\_

Long-Term Health Insurance, If Any

Name of Carrier \_\_\_\_\_

Phone \_\_\_\_\_

Policy # \_\_\_\_\_

NY State MEDICAID, If Any

ID # \_\_\_\_\_

Date First Obtained \_\_\_\_\_

Other State MEDICAID, If Any

ID # \_\_\_\_\_

Date First Obtained \_\_\_\_\_

**PART III: FINANCIAL INFORMATION**

A. Bank Deposit Accounts (checking, savings, CD, etc.)

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Account Number</u>	<u>Current Balance</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

B. Other Financial Accounts (Annuity, Brokerage, IRA, etc.)

<u>Name of Institution</u>	<u>Type of Account</u>	<u>Account Number</u>	<u>Current Balance</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

C. Other Assets/Properties (Real Estate, Stocks, Bonds, etc.)

<u>Description</u>	<u>Current Value</u>
1. _____	_____
2. _____	_____

D. Life Insurance, If Any

Name of Insurance \_\_\_\_\_

Policy # \_\_\_\_\_ Current Cash Value \_\_\_\_\_

E. Income

	Frequency	Amount
Social Security	_____	_____
Pension, If Any	_____	_____
Others (specify)	_____	_____
	_____	_____
	_____	_____

Have you made a significant (over \$2,000) transfer of assets (by gift or otherwise) within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide specific details about the transfer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Failure to disclose at the time of admission any property or interest therein owned by beneficiaries or any source of income, or failure to disclose promptly any property or interest therein thereafter acquired, or any material misrepresentation or mistreatment by beneficiaries in this application for admission, may also be treated by the Home as cause for dismissal.*

**PART IV: CONTACT PERSON(S)** (Please use proper names)

**NAME** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Work/Cell (specify) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**NAME** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work/Cell (specify) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work/Cell (*specify*) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Who of the above is your Designated Representative, if any? \_\_\_\_\_

Who of the above has the Power of Attorney for you, if any? \_\_\_\_\_

Who of the above is your Health Care Proxy? \_\_\_\_\_

Do you have a prepaid irrevocable burial trust? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Trust's Amount \$ \_\_\_\_\_

Name of Funeral Home \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**I/we have made the decision that I/we would like to move to Field Home - Holy Comforter. I/we have made application for admittance to Field Home - Holy Comforter and, if accepted, I/we intend to establish residence at Field Home - Holy Comforter and thereafter, to consider that place my/our domicile for all purposes.**

**I/we agree that if Field Home - Holy Comforter shall receive this application for admission, and shall cause the same to be investigated, while such investigation is continuing, I/we will not transfer or convey any property which I/we may own or control or to which I/we now am/are entitled or shall become entitled other than for full consideration in money or financial worth, and that I/we will, upon request, give a full accounting of any such transaction.**

**According to the best of my/our knowledge and belief, the foregoing information is complete, accurate, and true in all respects. I/we agree, if admitted, to abide by the rules and regulations of Field Home - Holy Comforter.**

DATED \_\_\_\_\_  
Signature of Applicant

DATED \_\_\_\_\_  
Signature of Designated Representative