



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

FIELD HOME - HOLY COMFORTER Short-term Admission Information

To be filled out by Patient or Designated Representative

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 # _____

NY State MEDICAID, If Any

ID # _____

Date First Obtained _____

Other State MEDICAID, If Any

ID # _____

Date First Obtained _____

PART III: 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 _____

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

DATED: _____

Signature of Applicant

DATED: _____

Signature of Designated Representative