



APPLICATION FOR ADMISSION

Applicant's Name _____
Home Address _____
Telephone _____ Applicant's current location _____

Name of person filling out application _____
Address _____ Zip code _____ Telephone _____

Personal Data of Applicant

Applicant's Date of Birth _____ U.S. citizen ___ Yes ___ No Religion _____
U.S. Military service ___ Yes ___ No Branch of Service _____ From _____ To _____
Marital Status _____ Spouse's Name _____
Address of Spouse _____
Applicant's Designated Representative _____

NAME

ADDRESS

ZIP CODE

TELEPHONE

Does any person for firm hold a power of attorney for the applicant? ___ Yes ___ No
Name _____ Telephone _____
Address _____ Zip code _____

(Please provide a copy)

Applicant's Children *(Please attach additional sheets if needed.)*

1. Name _____
Address _____
Occupation _____
Home telephone # _____ Business telephone # _____

2. Name _____
Address _____
Occupation _____
Home telephone # _____ Business telephone # _____

2276 Catherine Street  Cortlandt Manor, NY 10567
Phone 914.737.2255  Fax 914.737.8822  www.theseabury.com

3. Name _____
Address _____
Occupation _____
Home telephone # _____ Business telephone # _____

Other Relatives *(Please attach additional sheets if needed.)*

1. Name _____ kinship _____ home tel. _____
Address _____ bus. tel. _____

2. Name _____ kinship _____ home tel. _____
Address _____ bus. tel. _____

Burial Arrangements

Funeral Home _____ telephone _____

Cemetery _____ burial plot _____ paid _____ unpaid

Please specify other burial arrangements _____

HEALTH/INSURANCE INFORMATION
(Please Submit Photocopies Of All Cards)

Social Security Number _____

Medicare Number _____ Part A _____ Part B _____

Medicaid Number _____ Application pending? ___Yes___No County _____

Supplemental Medical Insurance

Name _____

Policy # _____

Name _____

Policy # _____

Prescription Drug Plan

Name _____

Policy # _____

Long Term Care Insurance

Name _____

Policy # _____

Name of Primary Care Physician

Address _____ Telephone _____

Preferred Hospital _____

Is applicant an organ donor? ___Yes___No

If yes, to whom _____

Do you have a:	Health Care Proxy	___Yes	___No
	Living Will	___Yes	___No
	DNR	___Yes	___No

(Please submit a copy of each with application. The Seabury will not discriminate against individuals on the basis of having/not having these documents.)

FINANCIAL SUMMARY

(if more space is needed, please attach additional sheets)

Currently month income

- 1. Social Security \$ _____/mo.
 - 2. Interest from bank accounts \$ _____/mo.
 - 3. Dividends from securities \$ _____/mo.
 - 4. Pension benefits \$ _____/mo.
 - 5. Veteran's benefits \$ _____/mo.
 - 6. Railroad retirement \$ _____/mo.
 - 7. Income from annuities \$ _____/mo.
 - 8. Rent from real property \$ _____/mo.
 - 9. Other income (please specify) \$ _____/mo.
- Total Monthly Income** \$ _____/mo.

Bank Accounts: savings/checking/certificates of deposit

Name of Bank	Account #	Balance	Joint Account
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Joint accounts held with whom _____

Stocks/bonds/other securities

Name of Bank	# of Shares	Total Current Market Value	Joint Account
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Joint accounts held with whom _____

Name of broker _____

Real Estate

<u>Description Of Property</u>	<u>Appraised Value</u>	<u>Outstanding Mortgage</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Life Insurance

Name of Company _____

Policy # _____ Cash surrender value \$ _____

Please answer the following questions:

1. Has the applicant disposed of any assets within the 36 months prior to the date of this application?
 ___Yes ___No If yes, please describe _____

2. Has the applicant set up a trust? ___Yes ___No If yes, please supply the following:

_____	_____	_____
Name	Address	Telephone

3. Does the applicant maintain a safe deposit box? ___Yes ___No If yes, please give the location and name(s) of the person(s) holding a key to the box.

Location _____

_____	_____	_____
Name	Address	Telephone

NOTE: THIS APPLICATION MUST BE SUBMITTED BEFORE ANY PERSON CAN BE CONSIDERED FOR ADMISSION. SUBMISSION OF THIS APPLICATION DOES NOT CREATE ANY ENTITLEMENT TO ADMISSION OR MEAN THAT THE APPLICATION WILL BE ACCEPTED AS A CANDIDATE FOR ADMISSION. SUBMITTED FINANCIAL DOCUMENTATION IS SUBJECT TO REVIEW AND VERIFICATION BY THE FACILITY.

"ADMISSION AND ACCESS TO THE SEABURY AT FIELDHOME WILL BE AVAILABLE WITHOUT DISCRIMINATION TO ALL APPLICANTS REGARDLESS OF RACE, CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, PAYOR SOURCE, MARITAL STATUS, SEXUAL PREFERENCE, VETERAN STATUS OR RELIGION."

This application may be used to apply for Memory Support Program or the Assisted Living Program at The Seabury facility. Please check the name of the program to which you wish to apply; sign the application and both releases. For further information, please contact the Admissions office(s) of the designated facility.

I HEREBY APPLY FOR ADMISSION TO:

The Seabury at Fieldhome _____ Assisted Living Program – Adult Care Facility
_____ Memory Support Program

To the best of my knowledge and belief, all the information contained herein is accurate and true.

Date Signature of Applicant or Designated Representative

If you cannot sign your name, please mark **X** on the line above and have the application witnessed.

Witnessed by Relationship Date

RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE THE SEABURY AT FIELDHOME

TO REQUEST AND RECEIVE ANY MEDICAL INFORMATION NECESSARY TO EVALUATE MY CURRENT MEDICAL STATUS.

Applicant's Name (please print)_____

Applicant's or Designated Representative's Signature_____

Witnessed By_____

RELEASE OF FINANCIAL INFORMATION

I HEREBY AUTHORIZE THE SEABURY AT FIELDHOME

TO VERIFY ASSETS STATED ABOVE THROUGH THE FINANCIAL INSTITUTIONS LISTED HEREIN.

Applicant's Name (please print)_____

Applicant's or Designated Representative's Signature_____

Witnessed By_____