

**FIELD HOME - HOLY COMFORTER**  
**2300 CATHERINE STREET**  
**CORTLANDT MANOR, NEW YORK 10567**  
**(914) 739-2244**

*Federal and State laws prohibit FIELD HOME - HOLY COMFORTER from denying admission to anyone because of Race, Creed, Color, National Origin, Sex, Sexual Preference, Source of Payment, Disability including Blindness, Marital Status, Age or Sponsor.*

**APPLICATION FOR ADMISSION\***

**REFERRED BY:** \_\_\_\_\_

**I. PERSONAL/FAMILY INFORMATION** (To be filled out by Applicant or Responsible Party)

**NAME:** Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Miss \_\_\_\_\_  
Last First Middle

**LEGAL ADDRESS:** \_\_\_\_\_  
Street City  
County State Zip

**TELEPHONE NO.:** (\_\_\_\_) \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_  
(If different from Street City  
above) County State Zip

**BORN:** \_\_\_\_\_  
Month Day Year Place of Birth

**US CITIZEN:** Yes \_\_\_\_\_ No \_\_\_\_\_ **SOCIAL SECURITY NO.:** \_\_\_\_\_

**ALIEN REGISTRATION #:** \_\_\_\_\_

**Present Marital Status:** Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

*\*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.*

**CHILDREN / RELATIVES / SIGNIFICANT FRIENDS**

	<u>Relationship</u>	<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>Business Phone</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Who of the above should be designated as *Responsible Party*? (Choose One)

Status: (check one) \_\_\_\_\_ Power of Attorney \_\_\_\_\_ Guardian \_\_\_\_\_ Person Handling Financial Transactions

Resident's Primary Physician: Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**RELIGIOUS PREFERENCE:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **EDUCATION:** \_\_\_\_\_

**FUNERAL ARRANGEMENTS:**

FUNERAL DIRECTOR: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**II. FINANCIAL INFORMATION: (To be filled out by Applicant or Designated Responsible Party)**

MEDICARE NO.: \_\_\_\_\_ Name of Carrier: \_\_\_\_\_

MEDICAID APPLICATION IS: \_\_\_\_\_ Approved \_\_\_\_\_ Pending \_\_\_\_\_ Not Applicable

If approved - Medicaid Number: \_\_\_\_\_ County: \_\_\_\_\_

If pending - Date Submitted: \_\_\_\_\_  
Month Day Year

Name of Contact at Dept. SS \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Insurance: \_\_\_\_\_

Are you the recipient of a private pension? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with what company: \_\_\_\_\_

Do you have private health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Carrier: \_\_\_\_\_  
Contract No: \_\_\_\_\_

**SAVINGS ACCOUNTS:**

	<u>Name of Bank</u>	<u>Account Number</u>	<u>Name(s) On Account</u>	<u>Balance</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

*For all of the accounts on which there is more than one name listed, please state the amount of funds deposited by the applicant:*

	<u>Name of Bank</u>	<u>Account Number</u>	<u>Amount Deposited By Applicant</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**CHECKING ACCOUNTS:**

	<u>Name of Bank</u>	<u>Account Number</u>	<u>Names(s) On Account</u>	<u>Balance</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

*For all of the accounts on which there is more than one name listed, please state the amount of funds deposited by the applicant:*

	<u>Name of Bank</u>	<u>Account Number</u>	<u>Amount Deposited By Applicant</u>
1.	_____	_____	_____
2.	_____	_____	_____

**YOUR PRESENT MONTHLY INCOME:**

Your approximate earnings: \$ \_\_\_\_\_  
Your Social Security: \$ \_\_\_\_\_  
Pension or Annuities: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

Please list your other property: (i.e., stocks, bonds, real estate, automobiles).

<u>Description</u>	<u>Value:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Please list your debts: (i.e., medical bills, insurance premiums, mortgage payments, etc.)

<u>Description:</u>	<u>Payment</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Have you made a significant (over \$2,000) transfer of assets (by gift or otherwise) within the last three (3) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have given a Power of Attorney, by whom is it held?  
\_\_\_\_\_

*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.*

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

I/we agree that if the Home 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 and/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 the Home.

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

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

DO NOT WRITE BELOW THIS SPACE

\*\*\*\*\*

**APPROVED FOR ADMISSION**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_