



## 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](http://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 \_\_\_\_\_

<b>Do you have a:</b>	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
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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
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**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."



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\_\_\_\_\_

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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\_\_\_\_\_