

## **ATTENTION**

**Please read prior to completing the  
Admission Application:**

When completing the “**Admission Application**”, please fill out in its **entirety** and **be sure to supply a copy of all bank statements.**

Thank you for your interest in our Home.

Please Print

Name of Person Completing this Application \_\_\_\_\_

Relation to Applicant \_\_\_\_\_ Date \_\_\_\_\_

**ADMISSION APPLICATION**

**1. PERSONAL INFORMATION**

Name of Applicant in full \_\_\_\_\_

Maiden Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_

Street City or Town State Zip Code

With whom do you reside? Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Age last Birthday \_\_\_\_\_ Place of Birth \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_

**2. EASTERN STAR OR MASONIC MEMBERSHIP: YES NO**

Chapter \_\_\_\_\_ Chapter # \_\_\_\_\_ District # \_\_\_\_\_

Lodge \_\_\_\_\_ Lodge # \_\_\_\_\_ State \_\_\_\_\_

Date of Initiation \_\_\_\_\_ Number of years consecutive membership \_\_\_\_\_

If no, are you related to an Eastern Star Member or Mason? YES NO

Name of Relative \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Applicant \_\_\_\_\_ 2

**3. NAMES & ADDRESSES OF CHILDREN**

\_\_\_\_\_ Phone ( ) \_\_\_\_\_  
\_\_\_\_\_ Phone ( ) \_\_\_\_\_  
\_\_\_\_\_ Phone ( ) \_\_\_\_\_  
\_\_\_\_\_ Phone ( ) \_\_\_\_\_

**4. IN CASE OF EMERGENCY, PLEASE NOTIFY**

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_

2. Name Address \_\_\_\_\_

**5. LIFE INSURANCE**

Do you have any Life Insurance? \_\_\_ Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Name of Beneficiary \_\_\_\_\_  
Face Value \_\_\_\_\_ Cash Surrender Value \_\_\_\_\_

**6. HEALTH INSURANCE**

Do you have Medical Insurance? \_\_\_\_ Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Do you have Hospitalization Insurance? \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

**7. STATE & FEDERAL HEALTH BENEFITS**

MEDICARE Number \_\_\_\_\_ Do you have Medicare Part B? \_\_\_\_\_

MEDICAID Number \_\_\_\_\_ PAAD Number \_\_\_\_\_

General Assistance Number \_\_\_\_\_

Have you ever applied and been refused Medicaid/General Assistance? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Please submit a copy of the identifying cards listed above.

**8. LEGAL RESOURCES**

Do you have an Attorney? \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Note: A Power of Attorney must be signed prior to admission to the Home in the event you are unable to execute your own affairs. Authority granted must include handling of all financial affairs, legal affairs, decisions for medical treatment, and surgical care. You must submit a copy of your executed Power of Attorney to the Director of Social Services prior to admission.

To Whom have you granted Power of Attorney?

Name \_\_\_\_\_

Address \_\_\_\_\_

Who will be handling your Finances?

Myself \_\_\_\_\_ Attorney-in-fact (POA) \_\_\_\_\_ Other \_\_\_\_\_

Name of Applicant \_\_\_\_\_ **4**

If other, please indicate Name and Address to whom your bills should be directed.

\_\_\_\_\_

Whom have you appointed as Executor of your Last Will and Testament?

Name \_\_\_\_\_

Address \_\_\_\_\_

**9. ADVANCE DIRECTIVE**

Do you have an "Advance Directive/Living Will"? \_\_\_\_ Yes \_\_\_\_ No If so, you will be required to submit a copy prior to admission. You will be provided with information on Advance Directives upon admission.

**10. MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_

Are you able to walk independently? \_\_\_\_\_

Do you use a cane? \_\_\_\_\_ Walker? \_\_\_\_\_ Wheelchair? \_\_\_\_\_

Have you ever been admitted to a psychiatric or mental health facility? \_\_\_\_\_

If yes, give name, location and date(s). \_\_\_\_\_

Please list any recent surgery (last 5 years).

| Type | Date | Surgeon | Hospital |
|------|------|---------|----------|
|------|------|---------|----------|

\_\_\_\_\_

Name of Applicant \_\_\_\_\_ **5**

Please list serious illnesses:

| Illness  | Date | Physician who cared for you |
|----------|------|-----------------------------|
| 1. _____ |      |                             |
| 2. _____ |      |                             |

**11. FUNERAL ARRANGEMENTS**

Funeral Home \_\_\_\_\_ Director \_\_\_\_\_

Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Do you own a cemetery plot? \_\_\_\_\_ Location \_\_\_\_\_

Town \_\_\_\_\_ Section \_\_\_\_\_ Lot \_\_\_\_\_ Do you have a Deed? \_\_\_\_\_

Where can Deed be located? \_\_\_\_\_

Interment requested: Burial \_\_\_\_\_ Cremation \_\_\_\_\_ Entombment \_\_\_\_\_

Services requested \_\_\_\_\_

Have you arranged a pre-paid funeral? \_\_\_\_\_. If so, please submit verifying documents

If you have not made pre-paid arrangements, with whom, if anyone, have you entrusted money for this purpose?

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Funeral expenses will be borne by \_\_\_\_\_

**12. FINANCIAL INFORMATION**

A. CAPITAL ASSETS

SAVINGS ACCOUNTS

| Name of Institution | Account # | Balance |
|---------------------|-----------|---------|
|---------------------|-----------|---------|

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CHECKING ACCOUNTS

| Name of Institution | Account # | Balance |
|---------------------|-----------|---------|
|---------------------|-----------|---------|

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CERTIFICATES (list)

| Name of Institution | Identification # | Balance |
|---------------------|------------------|---------|
|---------------------|------------------|---------|

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STOCKS & BONDS

| Name of Institution | Shares | Current Value |
|---------------------|--------|---------------|
|---------------------|--------|---------------|

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Name of Applicant \_\_\_\_\_ **7**

REAL ESTATE (list all properties solely or jointly owned by you)

Address (location)      Name(s) on Deed      Present Market Value

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Is it your intention to sell any of your real estate in the immediate or near future? Please explain. \_\_\_\_\_

Please submit real estate appraisal if available.

#### B. INCOME

SOCIAL SECURITY      Amount/Month \_\_\_\_\_

SUPPLEMENTAL SECURITY INCOME (SSI)      Amount/Month \_\_\_\_\_

#### PENSIONS

Name of Company & Address

\_\_\_\_\_ Amount/Month \_\_\_\_\_

\_\_\_\_\_ Amount/Month \_\_\_\_\_

#### ANNUITIES

Name of Company & Address

\_\_\_\_\_ Amount/Month \_\_\_\_\_

\_\_\_\_\_ Amount/Month \_\_\_\_\_

#### OTHER INCOME

\_\_\_\_\_ Amount/Month \_\_\_\_\_

LIABILITIES (i.e. Mortgage, notes owed, personal debt, please list)

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Name of Applicant \_\_\_\_\_ **8**

By affixing my signature to this application, I hereby affirm that I have not transferred any real and/or personal assets or property within the last 60-month period, nor will I transfer any real and/or personal property held by me, for less than fair market value, for as long as this application is in process.

In the event that any of my assets or property have been transferred or sold within the last 60 months, I have provided a complete disclosure of such transactions below in the space provided or have attached a complete explanation in an addendum.

Disclosure of all transferred assets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that a transfer of assets or property (without compensation at fair market value) will be considered in determining admission eligibility.

I request consideration for admission to the New Jersey Eastern Star Home with the understanding that all income and real and personal assets belonging to me, the applicant, will be considered available as payment for care and services.

I hereby affirm that the information on this application is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_ day of \_\_\_\_\_ (Month / Year)

Please return to:  
Helen Bautista, Director of Admissions &  
Business Development  
New Jersey Eastern Star Home, Inc.  
111 Finderne Avenue  
Bridgewater, NJ 08807