

MASONIC HOME OF NEW JERSEY

902 Jacksonville Road, Burlington, NJ 08016

open to serve. open to care. **open to all.**

ADMISSION APPLICATION

Questions? Call the Masonic Home of New Jersey Marketing/ Admissions at 609-239-3888.

Applicant

PLEASE PRINT

Name _____

Address _____

City, State, Zip _____

Phone No. _____ Date of Birth _____

Family Contact Phone No. _____ Relationship/Name _____

To whom should we address correspondence (if other than applicant)

Name _____

Address _____

City, State, Zip _____

Phone No. _____ Relationship _____

Who is the applicant's next of kin?

Name _____

Address _____

City, State, Zip _____

Phone No. _____ Relationship _____

SIGN your name here _____

Masonic Lodge (if applicable) _____

Masonic Home Use Only

Original Received

Request No. _____

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REPORT OF PHYSICIAN'S EXAMINATION

*****MUST BE COMPLETED BY APPLICANT'S PHYSICIAN *****

Please type, or print clearly - (attach additional sheets as needed)

1. Name of applicant _____ Date _____
 Address _____
 _____ Date of birth _____

2. Present illness _____

3. Past medical history _____

4. Family history _____

5. Immunization record*	Date	Reaction
PPD	_____	_____
(2 step)	_____	_____
Influenza vaccine	_____	_____
Pneumovaccine	_____	_____
DT or TT	_____	_____

6. Drug allergy _____

7. Current medication(s) _____

Name	Strength	How often	Crush or Whole

8. ACTIVITIES OF DAILY LIVING

- Ambulatory status self walker cane w/c bed
 Toileting self assist bathing self assist
 Continent of bowel? yes no
 Continent of bladder? yes no

9. Memory alert oriented confused forgetful
10. Behavior disturbances agitation restless combative delusions
 sleep disturbances wandering
11. Personality happy trusting depressive
 suspicious agreeable resistive

12. Physical Status Weight _____ Height _____ Temp. _____
Pulse _____ Resp. _____ Blood Pressure _____

HEENT _____ Abdomen _____
Neck _____ GU _____
Chest _____ Extremities _____
Lung _____ CNS _____
Heart _____

13. Has there been a hospitalization in the last 12 months? yes no
If yes, when _____

14. Current Diagnosis/Diagnoses _____

15. Other

IV Therapy within past 7 days _____ Medication _____
PIC Line yes no
Wound _____ Location _____ Stage _____
Require Oxygen _____ How many liters _____
Peg Tube in place _____ Feeding received _____
Tracheostomy _____ Size _____
MRSA _____ Location _____ Date of last culture/results _____
Require isolation _____

16. SELECT THE TYPE OF HEALTH CARE FACILITY THIS APPLICANT IS APPROPRIATE FOR:

Residential Care Medical Care Assisted Living
Other (please identify) _____

17. Does applicant have a Living Will? yes no Organ Donor? yes no

18. Name of Power of Attorney _____

Physician Signature _____ Physician Name _____

Address _____

City, State, Zip _____ Phone No. _____

*** DIAGNOSTIC STUDIES:** Attach copies of these studies and any other labs if available, **CBC, SMA-12, ELECTROLYTES, URINALYSIS, EKG, T³ T⁴, CHEST X-RAY, PREVIOUS MAMMOGRAM.**

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FINANCIAL APPLICATION

Statement of Financial Position as of _____
(Date)

Name: _____

Address: _____

Phone Number: _____

1. Annual Income: (Social Security, Pension, Veteran's Benefits, Annuity, etc.)

Source	Applicant	Spouse
Social Security	\$ _____	\$ _____
Civil Service	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Name of Company: _____		Name of Company: _____
Railroad Retirement	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____
Annuity	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Description: _____		Description: _____

Please provide copies of all statements including Social Security, Veterans, Sick Benefits, Worker's Compensation, Rental Income and Expenses, Retirement Pensions. Please provide copies of the last 5 years Income Tax returns as well as copies of your Medicare and Supplemental insurance cards.

2. Cash on Hand \$ _____

3. Checking Accounts: (List all accounts and all names on each account. Include any joint or trustee accounts).

Bank _____ Name(s) on Account _____
Balance of Account \$ _____

Bank _____ Name(s) on Account _____
Balance of Account \$ _____

4. Bank/Savings Accounts: (Include all Savings, Credit Union, etc. List all accounts and all names on each account. Include any joint or trustee accounts).

Bank _____ Name(s) on Account _____
Balance of Account \$ _____

Bank _____ Name(s) on Account _____
Balance of Account \$ _____

5. Annuities/Trust Funds: *(Include any which you have a current or contingent interest).*

Trustee/Company _____ Name(s) on Account _____

Balance of Account \$ _____

Trustee/Company _____ Name(s) on Account _____

Balance of Account \$ _____

6. Individual Retirement Accounts (IRAs)

Trustee/Company _____ Name(s) on Account _____

Balance of Account \$ _____

Trustee/Company _____ Name(s) on Account _____

Balance of Account \$ _____

7. Stocks, Bonds, CDs (include maturity date) US Bonds or Investment Accounts: *(List name of owner(s), name of stock, number of shares or bonds and value. Use separate sheet if necessary.)*

Bank _____ Name(s) on Account _____

Balance of Account \$ _____

Bank _____ Name(s) on Account _____

Balance of Account \$ _____

Bank _____ Name(s) on Account _____

Balance of Account \$ _____

8. Life Insurance/Death Benefits: *(Include all policies for you and your spouse.)*

Insurance Company _____ Policy Number: _____

Owner's Name(s) _____ Face Value \$ _____

Cash Value \$ _____

Insurance Company _____ Policy Number: _____

Owner's Name(s) _____ Face Value \$ _____

Cash Value \$ _____

9. Medical, Dental, Vision, Prescription Insurance

Insurance Company & Address _____

Policy Number _____ Monthly Premium \$ _____

Insurance Company & Address _____

Policy Number _____ Monthly Premium \$ _____

10. Medicaid

Do you or have you applied for any Medicaid Assistance? Yes _____ No _____

If Medicaid has been applied for and waiting approval:

Date applied _____ District Office _____

Case Worker _____ Telephone Number _____

If Medicaid was denied:

Date denied _____

Reason denied _____

11. Long Term Care Insurance Policies

Insurance Company _____ Policy Number _____

Address _____

Telephone Number _____

Daily Benefit \$ _____ Elimination Period _____ days Annual Premium \$ _____

Insurance Company _____ Policy Number _____

Address _____

Telephone Number _____

Daily Benefit \$ _____ Elimination Period _____ days Annual Premium \$ _____

12. Motor Vehicle(s)

Do you or your spouse own a car, truck, camper, recreational vehicle, trailer or other vehicle?

Yes _____ No _____

If yes, complete the following.

Owner(s) _____ Make _____

Model _____ Type of Vehicle _____ Year _____

Mileage _____ Current Market Value \$ _____

13. Real Estate/Property

Do you or your spouse own any real estate? (This includes your own home or out-of state property) Yes _____ No _____

Mortgage: Yes _____ No _____ Amount _____

Owner(s) Name _____ Date of Purchase _____

Location (Street, City, State) _____

Purchase Price \$ _____ Current Market Value \$ _____

Owner(s) Name _____ Date of Purchase _____

Location (Street, City, State) _____

Purchase Price \$ _____ Current Market Value \$ _____

Do you have "life use" of any real estate/property? Yes _____ No _____

Do you have "time share" use of any real estate/property? Yes _____ No _____

If you do not own any real estate, who owns the home where you live?

Name of owner _____

Do you pay rent? Yes _____ No _____

14. Other Assets (Describe jewelry, stamps, coins, antiques, etc.)

_____	Current Value \$ _____
_____	Current Value \$ _____
_____	Current Value \$ _____
_____	Current Value \$ _____

15. Do you have any other assets not already listed (e.g. loan or mortgage payable to you, your spouse)?

Yes _____ No _____

If yes, identify owner(s) and list asset(s) and value

_____	Current Value \$ _____
_____	Current Value \$ _____
_____	Current Value \$ _____

16. Burial Fund/Prepaid Funeral Arrangements

Do you have a prepaid Irrevocable Funeral Contract with a funeral home? Yes _____ No _____

Name of Funeral Home _____ Amount \$ _____

Telephone Number _____

Do you have a cemetery lot? Yes _____ No _____

Name of Cemetery _____ Phone _____

Address _____

LIABILITIES

17. Credit Cards

Company _____ Balance \$ _____

Company _____ Balance \$ _____

Company _____ Balance \$ _____

Company _____ Balance \$ _____

18. Loans on Real Estate/Land Contract

Account _____	Balance \$ _____
Account _____	Balance \$ _____
Account _____	Balance \$ _____

19. Loans on Automobiles or Other Vehicles

Account _____	Balance \$ _____
Account _____	Balance \$ _____

20. Other Miscellaneous Loans, Debts or Contracts (cell phones)

Account _____	Balance \$ _____
Account _____	Balance \$ _____

21. Do you have any outstanding/unpaid medical, dental or prescription bills?

Yes ____ No ____

If yes please list.

22. Have you or your spouse filed a Federal Income Tax return for any of the five (5) years prior to admission or subsequent to admission? Yes ____ No ____

If yes, for which year(s) _____

23. Have you or your spouse sold, transferred or given away any bank accounts, stocks, bonds, cash, real estate or any other assets during the five (5) years prior to admission, or subsequent to admission? Yes ____ No ____

If yes, list to who, date and amount sold, transferred or given away and reasoning for transfer.

24. During the five (5) years prior to admission, or subsequent to admission, have you made gifts which have had an aggregate value in excess of Two Thousand Dollars?

Yes ____ No ____

If yes, please list in the space below any gifts made and include the name and address of the donee(s), a description of the property given, and the fair market value of the property at the time of the gift.

25. During the five (5) years prior to admission, or subsequent to admission, have you sold or transferred any property for less than its fair market value? Yes ____ No ____

If yes, please describe in the space below any sales or transfers of property, which had a value in excess of \$2000 by identifying the purchaser of the property, the date of the transfer, the property involved, the then fair market value of the property and the amount of consideration, which was received. Provide any documents which memorialize the transfer.

26. During the five (5) years prior to admission, or subsequent to admission, have you assigned or disclaimed any interest in life insurance, pension plans, an Estate or under a Trust?

Yes ____ No ____

If yes, please describe in the space provided below, the assignment or disclaimer by identifying the property involved, the fair market value of the interest, and the manner by which the assignment or disclaimer occurred.

27. Complete the following only if there is a Community Spouse (i.e. a spouse who resides outside the Masonic Home of New Jersey) who incurs housing-related expenses.

- a. Rent/mortgage payment: \$ _____/month
- b. Real estate taxes on principal place of residence (not included in mortgage payment above):
\$ _____/month.
- c. Insurance on principal place of residence (not included in mortgage payment above):
\$ _____/month.
- d. Cooperative/condominium maintenance fees: \$ _____/month

28. Masonic Affiliation – if Applicable

Full name of relative who has Masonic affiliation _____

Relation to Applicant _____

Lodge or OES Chapter Affiliated with _____

If Lodge or OES Chapter is unknown please provide the state in which it is believed that the Masonic affiliation was in, date of birth, and date of death of person with Masonic affiliation.

I certify that the foregoing information is complete and accurate and acknowledge that any material omission may result in the denial and/or suspension of any financial assistance that might be provided by the Masonic Home of New Jersey, its successors and assigns.

Signature of Applicant or POA Date

If someone other than the Applicant has prepared the enclosed information please provide preparer's contact information below. This contact information is important for any follow-up questions or clarification of data supplied within this packet.

Name of Preparer: _____

Relationship to Applicant: _____

Mailing Address: _____

City, State Zip Code: _____

Phone: (daytime) _____ (Evening) _____

Email address (if applicable): _____

DOCUMENTATION REQUIRED (IF APPLICABLE) PRIOR TO APPROVAL
Please submit copies not the originals

- Birth Certificate
- Picture ID (State issued i.e. Driver's License)
- Social Security Card
- Medicare Card
- Supplemental Insurance Card (Supplemental Insurance Required)
- Veterans Benefits awards letter (if applicable)
- Marriage Certificate (if applicable)
- Death Certificate for spouse (if applicable)
- Divorce Papers (if applicable)

- Proof of Income (Pay stub, Social Security award letter, etc.)

- Income Taxes (past 5 years)
- Current statements for: Savings/Checking/Stocks/Bonds/CDs/IRA/Trust Funds/Annuities/any other investment accounts.
- Current Life Insurance Policy statements must include Face Value.

- Copy of Last Will and Testament
- Copy of Durable Power of Attorney
- Copy of Living Will
- Copy of Insurance Policy (excluding Medicare/Medicaid)
- Prepaid Burial Contract
- Cemetery Lot Deed
- Motor Vehicle Title
- Property Deed

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