

Welcome



The FASNY Firemen's Home

Dear Applicant and Family,

Thank you for considering the Firemen's Home of the Firemen's Association of the State of New York (FASNY). You have selected a unique premier Skilled Nursing Facility in New York State. We like to refer our Home as "A Home Away From Home" serving the family of volunteer firefighters of New York.

The following persons are eligible to submit an Admission Application to our Home:

1. Aged (60 years or older) or disabled volunteer firefighters or members of auxiliaries who have supported fire departments or fire companies in the State of New York, who have served for at least one year as an active volunteer firefighter or auxiliary member in a duly organized fire company or department or auxiliary in the State of New York and who are eligible for nursing home services pursuant to and in accordance with the Hospital/Community Patient Review Instrument ("PRI") and nursing home PASARR ("SCREEN").
2. The spouse who depends upon the volunteer firefighter applicant for care and support, if domiciled with the firefighter for a continuous year prior to the time of making application simultaneously with the firefighter and who is eligible for nursing home services pursuant to and in accordance with the PRI and SCREEN.
3. A volunteer firefighter who, because of special circumstances, is in need of the benefits provided by the FASNY Firemen's Home.

The FASNY Board of Trustees has final determination on all admissions. If you or your family have requests or questions or would like a Trustee to visit you, please let our Social Services Director know or you can call any of the Trustees on the attached list. That Trustee you call will either meet with you or contact the Trustee for your county so he or she can contact you. All of the Trustees have a video titled "A Home Away From Home." They would be happy to show it to your family and friends for a better understanding of our Home and mission. Also, feel free to contact the Social Services Office if you have any other requests or have questions. The Social Services hours are Monday through Friday 8:30 a.m.-4:30 p.m. at (518) 828-7695.

OUR MISSION

- The mission of the FASNY Firemen's Home is to provide quality services to our residents and their families and to do our best to assist and enable every resident to attain his or her highest potential.
- As part of the mission, we strive to be the best employer, supporting, recognizing and rewarding our team of caring professionals and support staff in their endeavors.

Welcome to the Home.

Regards,
The Board of Trustees of the Firemen's Home
Firemen's Association of the State of New York

Welcome

Firemen's Home Services

The Home has to be able to provide adequate care to an individual in order for that individual to stay at the Home. Before you are admitted, you will have to be evaluated by nursing and social work staff, and the Home physician or a designated physician, to determine what care you require.

This information describes the services that will be provided to you by the Home upon your admission:

- Room and board, including special diets as prescribed by your physician
- 24-hour skilled nursing care
- Assistance in daily living skills (ADL's)
- Customarily stocked equipment including, but not limited to, crutches, walkers, wheelchairs or other supportive equipment
- Standard equipment, medical supplies and modalities in a quantity usually used in everyday care
- General household medicine cabinet supplies
- Gowns as required by your clinical condition unless the member or member's representative elects to furnish them
 - Laundry service for personal clothing items and hospital gowns
 - Clean bed linen as needed
- Kosher dietary products prepared in accordance with religious requirements when requested provided that you, as a matter of religious belief, desire to observe Jewish dietary laws

Physician and Medical Services

Provided by the Firemen's Home approved provider or vendor:

- | | |
|-----------------------|--|
| ➤ Attending physician | ➤ Optometry |
| ➤ Podiatry | ➤ Dental |
| ➤ Mental health | ➤ Laboratory |
| ➤ Social service | ➤ Pharmaceutical |
| ➤ Audiology | ➤ Hospice services and palliative care |

This information describes the services that will be provided to you by the Home upon your admission. A member has the right to refuse Firemen's Home offered services, at which point any bills incurred will be the responsibility of the member.

Welcome

Therapy Services

Provided by the Firemen's Home approved provider or vendor:

- › Speech therapy
- › Physical therapy services
- › Occupational therapy services

Miscellaneous Amenities

- › Local newspaper
- › Cable TV service
- › Television and telephone services
- › Activities services
- › Beautician and barber services in house
- › Transportation to and from outside services as per ordered by the Firemen's Home attending physician
- › Commissary
- › Monthly spending money

Safeguarding Valuables

The FASNY Firemen's Home is not responsible for lost or damaged property or personal items unless the loss or damage is caused by or due to the negligent or intentional act of the Home. A locked drawer is available upon request.

Mail Delivery

It is necessary for the Administrative Staff to process all members' business and legal mail. All personal mail will be given to the member and only opened upon request.

Recommendation/Grievance Policy

Members or designated caregivers are encouraged to direct any recommendations or grievances to Nursing Supervisor, Social Services or Administrator. All recommendations and grievances will be reviewed and discussed to determine needs for resolution.

Additional resources and hotlines are posted throughout the Firemen's Home facility.

Discharge and/or Transfer

Room Transfers:

After consultation with the member and/or the member's assigned agent, the FASNY Firemen's Home may make a room transfer(s) within the home. The Home will provide the member with sufficient notice.

The member should direct any personal room transfer requests to Social Services or the Director of Nursing for review.

Discharge/Transfer:

In order to care for and protect all of its members, the FASNY Firemen's Home may determine that it is appropriate to transfer a member to a different facility if:

- ▶ There is a significant change in your medical condition and the Home cannot provide adequate treatment
- ▶ To protect your welfare or the welfare of another member
- ▶ For certain emergency situations

If you have to be transferred, the Home will arrange for your transfer to an appropriate and safe location. The Firemen's Home will abide by New York State Discharge/Transfer guidelines.

The FASNY Firemen's Home will not admit or allow members to stay at the Home who are a danger to themselves or others, or whose behavior is so unacceptable that it interferes with the care and comfort of other members. For your own safety as well as the safety of other members, if you have a disease that can be spread to others, you will not be admitted to the Home or allowed to stay at the Home unless a physician certifies in writing that the risk of giving the disease to other persons is extremely low and you are not a danger to other members.

Trustees



The Trustees of The FASNY Firemen's Home are available to meet with firefighters and their families all throughout New York State. Male and female firefighters may be eligible for admission to the facility from their own home, hospital or other healthcare facility or program.

If you have any questions about the Home, please feel free to contact any of our Trustees directly.



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Trustees



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73 Frazier Street
Brockport, NY 14420
P: (585) 260-7868
E: away@fasny.com



ADMISSIONS APPLICATION

The FASNY Firemen's Home

P: (518) 828-7695 / (800) 479-7695

F: (518) 828-1092

W: www.firemenshome.com

E: firemenshome@fasny.com

Mail to:

Attention: Social Services Department

125 Harry Howard Avenue

Hudson, NY 12534

The FASNY Firemen's Home

The Home does not discriminate based upon race, creed, color, religion, veteran status, national origin, age, sex, sexual preference, sponsorship, marital status, disability, blindness or source of payment in its admission policies, and the Home does not consider these qualities when deciding whether to accept you for admission.

APPLICATION FOR ADMISSION

Upon completion of this application, please contact the Trustee in your area or the Director of Social Services before submitting the application to the FASNY Firemen's Home. The most recently filed federal tax return of the applicant is also required at the time of submission.

GENERAL INFORMATION OF APPLICANT

Applicant's Full Legal Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

U.S. Citizen? Yes No

Marital Status: Single Widowed Married Divorced Legal Separation

Veteran: Yes No Branch: _____ Type of Discharge: _____

DD214 Available: Yes No

If yes, please provide DD214

Effective Date: _____

Are you a: Firefighter Auxiliary Member Spouse

The FASNY Firemen's Home

APPLICATION FOR ADMISSION (CONTINUED)

Have you ever worked for a municipal government (federal, state or county agency)?

Yes No

If yes, please provide the name: _____

Years: _____

FORMER EMPLOYERS (with retirement benefits or with whom you receive pension benefits)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Title Held: _____

Telephone Number: _____

Date of Service: From _____ To _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Title Held: _____

Telephone Number: _____

Date of Service: From _____ To _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Title Held: _____

Telephone Number: _____

Date of Service: From _____ To _____

Please list your Length of Service Program (LOSAP) benefit information: _____

Use a separate sheet of paper if necessary.

The FASNY Firemen's Home

REPRESENTATIVES OF THE APPLICANT

Power of Attorney: Yes (copy required) No

A **power of attorney** (POA) is a document that allows you to appoint a person or organization to manage your affairs if you become unable to do so.

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship to Applicant: _____

Health Care Proxy/Agent: Yes (copy required) No

A health care proxy is a document (legal instrument) with which a patient (primary individual) appoints an agent to legally make health care decisions on behalf of the patient, when he or she is incapable of making and executing the health care decisions stipulated in the proxy.

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship to Applicant: _____

Guardian: N/A Yes (copy of order/agreement required)

A person appointed by a judge who looks after and is legally responsible for someone who is unable to manage their affairs. The guardian has legal authority to make personal, medical and/or financial decisions for the member.

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship to Applicant: _____

The FASNY Firemen's Home

REPRESENTATIVES OF THE APPLICANT (CONTINUED)

Representative Payee: N/A Yes

A primary agent or designee that is legally responsible for handling the financial affairs of another. This individual has legal access to and authority to handle some or all of the member's assets and financial obligations under this agreement.

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Relationship to Applicant: _____

The FASNY Firemen's Home

FIRE DEPARTMENT CERTIFICATE

Certificate of Identification for _____

I, _____, Officer of
the _____ Volunteer Fire Department/Company/
Auxiliary do hereby certify that I have examined the records of said Volunteer Fire Department/
Company/Auxiliary and said records show that the above named applicant was a member of the
_____ Volunteer Fire Department/Company/
Auxiliary, _____, New York, in said Volunteer
Fire Department/Company/Auxiliary, from _____ to _____; that he/she
is still a member of said company, or was honorably discharged there from; that from the best
information I can obtain, he/she is a person to admit to membership in the Firemen's Home in
Hudson, New York; and that I respectfully endorse his/her application therefore.

Dated at _____, New York, this _____ day of _____, 20_____.

Authorized Officer's Signature

Title

Print Legal Name

Fire Department/Company/Auxiliary

The FASNY Firemen's Home

INSURANCE INFORMATION

MEDICARE

Medicare A Medicare # _____ Effective Date: _____

Medicare B Medicare # _____ Effective Date: _____

Medicare C (Medicare Advantage Plan)

Plan Name: _____

ID #: _____

Monthly Premium: _____

Automatic Withdrawal: Yes No

Medicare D (Prescription Drug Coverage)

Plan Name: _____

ID #: _____

Monthly Premium: _____

Automatic Withdrawal: Yes No

MEDICARE SUPPLEMENT Yes No

Plan Name: _____

ID #: _____

Monthly Premium: _____

Automatic Withdrawal: Yes No

OTHER PRIMARY INSURANCE PLAN

(For example employer plans, etc.)

Company _____

Policy # _____

Policy Holder if Other Than Applicant _____

Relationship to Applicant _____

Coverage through Employer Yes No

If yes, provide employer contact information (address and telephone):

Monthly Premium: \$ _____

The FASNY Firemen's Home

INSURANCE INFORMATION (CONTINUED)

OTHER PRIMARY INSURANCE PLAN

Company _____

Policy # _____

Policy Holder if Other Than Applicant _____

Relationship to Applicant _____

Coverage through Employer: Yes No

If yes, provide employer contact information.

Address: _____

Phone: _____

Monthly Premium: \$ _____

PRESCRIPTION COVERAGE Yes No

Company _____

Policy # _____

Policy Holder if Other Than Applicant _____

Relationship to Applicant _____

Coverage through Employer: Yes No

EPIC (Elderly Pharmaceutical Insurance Coverage) Yes No

ID# _____ Effective _____

If no, please provide one item from each column below.

Proofs of Residency

1. NYS License
2. Utility Bill
3. Property Tax Bill

Proof of Birth

1. NYS License
2. Birth Certificate

DENTAL INSURANCE COVERAGE Yes No

Company Name: _____

Policy # _____ Group # _____

Policy Holder if Other Than Applicant: _____

Relationship to Applicant: _____

The FASNY Firemen's Home

INSURANCE INFORMATION (CONTINUED)

VISION INSURANCE COVERAGE Yes No

Company Name: _____

Policy # _____ Group # _____

Policy Holder if Other Than Applicant: _____

Relationship to Applicant: _____

LONG TERM CARE INSURANCE Yes No

Company Name: _____

Policy # _____ Group # _____

Policy Holder if Other Than Applicant: _____

Relationship to Applicant: _____

WORKERS' COMPENSATION Yes No

Claim # _____

Associated Insurance(s): _____

Claims Adjuster: _____

Adjuster's Phone Number: _____

Must provide copies of all insurance cards (front and back). If Medicare card is lost, call (800) 772-1213 to request a replacement prior to admission. Please note date of request on application.

All insurance correspondence must be forwarded to the Firemen's Home of the State of New York after admission, including, but not limited to, bills, explanation of benefits, renewal information and employer insurance benefits.

The FASNY Firemen's Home

FINANCIAL INFORMATION OF THE APPLICANT

Disclosure of your assets, liabilities and income sources is an important part of the admission process. The undersigned represent that the information provided herein is true, complete and accurate. The undersigned understand and acknowledge that the FASNY Firemen's Home relies on your true, complete and accurate disclosure of this information in making our admission decision. The undersigned understand and acknowledge that if any information is not true, complete or accurate, the FASNY Firemen's Home will have relied upon this information its financial detriment and the undersigned, jointly and severally, agree to be personally responsible and liable to the FASNY Firemen's Home for any financial loss or harm suffered by the FASNY Firemen's Home as a result thereof.

At any time during or after the review of your application, you may be asked to provide additional information and/or documentation, which is subject to the foregoing representations, understandings and acknowledgements.

The undersigned understand and acknowledge that the FASNY Firemen's Home will disclose the information provided to those employees and/or agents of the FASNY Firemen's Home who have a need to use or know such information in the performance of their duties and functions on behalf of the FASNY Firemen's Home. Otherwise, the FASNY Firemen's Home will use its best efforts to keep the information provided confidential and will not use or disclose this information, except as required or permitted by law, pursuant to your written authorization or pursuant to judicial or administrative process.

Please list your assets, including the value. If jointly owned, please list the name(s) of joint owner(s). Provide copies of current statement for each account listed.

INCOME/DEBT OBLIGATIONS

List your current sources and amounts of income (include verification) and debt obligations.

	N/A	Monthly Amount	Source (Payer Name or Company)
Social Security	<input type="radio"/>		
SSI	<input type="radio"/>		
SSP	<input type="radio"/>		
Pensions	<input type="radio"/>		
Other Retirement Income	<input type="radio"/>		
IRA Distributions	<input type="radio"/>		
Interest	<input type="radio"/>		

The FASNY Firemen's Home

FINANCIAL INFORMATION OF THE APPLICANT (CONTINUED)

	N/A	Monthly Amount	Source (Payer Name or Company)
Dividends	<input type="radio"/>		
Annuity Payments	<input type="radio"/>		
LOSAP Award	<input type="radio"/>		
Alimony/Maintenance	<input type="radio"/>		
Debts	<input type="radio"/>		
Outstanding Settlements	<input type="radio"/>		

Use a separate sheet of paper if necessary.

Bank/Financial Accounts (checking/savings, credit unions/CDs, etc. Use additional pages if necessary.)

Bank/Financial entity name, address, phone number	Account Type	Account Number	Ownership of Account	Balance/Amount
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$

The FASNY Firemen's Home

FINANCIAL INFORMATION OF THE APPLICANT (CONTINUED)

Investments (stocks, bonds, mutual funds, annuities, etc. Use additional pages if necessary.)

Company name, address and phone number	Number of Shares	Account Number	Ownership of Account	Value
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$

Do You Own a Home? Yes No If yes, provide a copy of your deed, and your most recent paid property tax bill.

Is the home jointly owned with anyone? Yes No

If yes, provide name/address of joint owner(s): _____

Are there any outstanding mortgages (including reverse mortgages) or home equity loans? Yes No

If yes, provide the current outstanding principal balance of each mortgage and/or home equity loan.

<u>Mortgage/Home Equity Loan</u> (include name/address of lender)	<u>Outstanding Principal Balance</u>
_____	\$ _____
_____	\$ _____

Provide current home equity interest/value (subtract total outstanding principal of all mortgages/home equity loans from current fair market of home) \$ _____

Do You Own a Life Insurance Policy? Yes No Face Value \$ _____

Company Name: _____ Beneficiary: _____

Company Name: _____ Beneficiary: _____

The FASNY Firemen's Home

FINANCIAL INFORMATION OF THE APPLICANT (CONTINUED)

Other Assets/Property/Resources (including any additional real estate owned by you and/or your spouse)
List and describe and if any additional real estate is owned by you and/or your spouse, provide the information above pertaining to ownership of a home, i.e. value, mortgage debt, etc.:

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

Has a trust been established or created by or for you and/or your spouse? Yes No

If yes, provide a copy of the trust instrument.

Have you and/or your spouse transferred, gifted or otherwise given away any of your and/or your spouse's assets/property/resources/income in the last 36 months? Yes No

Do not include individual gifts of \$500 or less to any one person unless the aggregate total of such gifts to such person during the 36-month period exceeds \$2,500.

If yes, identify and describe all such transfers, gifts, etc. and provide: whose asset/property/resources/income was transferred (you, your spouse, joint); date of transfer; description and type (cash, real property, etc.); amount/value of transfer; transferred to whom (provide name/address of recipient including any person, entity, trust, etc.):

Have you and/or your spouse purchased an annuity? Yes No

If yes, provide a copy of the annuity purchased.

Have you and/or your spouse purchased a loan, promissory note or mortgage? Yes No

If yes, provide a copy of the loan, promissory note or mortgage purchased.

Do you and/or your spouse hold a life estate interest in any real estate? Yes No

If yes, provide a copy of the trust and date of which the life estate was established.

If yes, have you resided in that individual's home for a period of at least one (1) year after the date of purchase of the life estate interest? Yes No

Have you transferred property? Yes No

Use a separate sheet of paper if necessary.

The FASNY Firemen's Home

CONSUMER CREDIT & BACKGROUND REPORT RELEASE FORM

PLEASE READ CAREFULLY

I authorize the **FASNY FIREMEN'S HOME** to obtain a Consumer Credit Report and/or a Background Report on the applicant listed below. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

The Background Check may contain information available in the Public Domain, but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me, including criminal and driving history. This authorization shall be valid in original or copy form.

Applicant's Legal Name: _____

Social Security Number: _____

Date of Birth: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____ State: _____

Signature of Applicant: _____

Signature of Person Acting for Applicant: _____

Relationship to Applicant: _____

Date: _____

****NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVER'S LICENSE OR
GOVERNMENT ISSUED IDENTIFICATION OF APPLICANT****

The FASNY Firemen's Home

I/We understand the look-back period for financial information is three (3) years from the date of application and that additional account statements and information may be necessary to complete the processing of this application.

I/We agree, if admitted, to abide by the regulations of the FASNY Firemen's Home and the Membership Agreement.

Signature of Applicant

and/or

Signature of Person Acting for Applicant

Print Legal Name

Print Legal Name

Application Date

Relationship

The FASNY Firemen's Home

SPOUSAL INFORMATION

Only required if applicant's named spouse is requesting consideration of grant as needy community spouse. The most recently filed federal tax return (of the community spouse) is also required at time of submission.

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Marital Status: Married Divorced

If married, please provide marriage certificate.

	N/A	Monthly Amount	Source (Payer Name or Company)
Social Security	<input type="radio"/>		
SSI	<input type="radio"/>		
SSP	<input type="radio"/>		
Pensions	<input type="radio"/>		
Other Retirement Income	<input type="radio"/>		
IRA Distributions	<input type="radio"/>		
Interest	<input type="radio"/>		
Dividends	<input type="radio"/>		
Annuity Payments	<input type="radio"/>		
LOSAP Award	<input type="radio"/>		
Alimony/Maintenance	<input type="radio"/>		

Use a separate sheet of paper if necessary.

The FASNY Firemen's Home

SPOUSAL INFORMATION (CONTINUED)

	N/A	Monthly Amount	Source (Payer Name or Company)
Debts	<input type="radio"/>		
Outstanding Settlements	<input type="radio"/>		

Assets: Please list your assets, including the value. If jointly owned, please list name(s) of joint owner(s). Provide copies of current statement for each account listed.

Bank/Financial Accounts (checking/savings, credit unions/CDs, etc. Use additional pages if necessary.)

Bank/Financial entity name, address, phone number	Account Type	Account Number	Ownership of Account	Balance/Amount
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$

Investments (stocks, bonds, mutual funds, annuities, etc. Use additional pages if necessary.)

Company name, address and phone number	Number of Shares	Account Number	Ownership of Account	Value
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$
			<input type="radio"/> applicant <input type="radio"/> spouse <input type="radio"/> joint	\$

The FASNY Firemen's Home

SPOUSAL CONSUMER CREDIT & BACKGROUND REPORT RELEASE FORM

PLEASE READ CAREFULLY

I authorize the **FASNY FIREMEN'S HOME** to obtain a Consumer Credit Report and/or a Background Report on the applicant listed below. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

The Background Check may contain information available in the Public Domain, but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me, including criminal and driving history. This authorization shall be valid in original or copy form.

Spouse's Legal Name: _____

Social Security Number: _____

Date of Birth: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____ State: _____

Signature of Spouse: _____ Date: _____

****NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVER'S LICENSE OR GOVERNMENT ISSUED IDENTIFICATION OF SPOUSE OF APPLICANT****

The FASNY Firemen's Home

FASNY Firemen's Home Burial Agreement

For: _____

Please check one of the following:

- Firemen's Home Cemetery (Firemen's Home will purchase stones)
Upon the death of a member of the Firemen's Home, Bates and Anderson will provide embalming, casket, concrete vault, headstone and services in our Chapel with burial in the Firemen's Home Cemetery.

Check preference: Burial Cremation

- Prepaid burial:
A copy of the prepaid agreement or trust must be attached. Upon the death of a member of the Firemen's Home whose burial has been prepaid or put into trust, Bates and Anderson will collect the body and contact the funeral home listed on the prepayment agreement or trust.

- No existing burial plan:
Upon the death of a member of the Firemen's Home, Bates and Anderson will provide the embalming, casket and shipping charges to their hometown. Charges beyond this point will be assumed by the family of the member or a party other than the Firemen's Home.

I prefer cremation: Yes No

Signature of member or authorized representative Date

Name of Funeral Director: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Name of Cemetery: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Other arrangements (subject to Board approval):

Trustee/Administrator Member Signature or Date

Authorized Representative



MEDICAL APPLICATION

The FASNY Firemen's Home

P: (518) 828-7695 / (800) 479-7695

F: (518) 828-1092

W: www.firemenshome.com

E: firemenshome@fasny.com

Mail to:

Attention: Office of the Director of Nursing

125 Harry Howard Avenue

Hudson, NY 12534

The FASNY Firemen's Home

MEDICAL CERTIFICATE COVER SHEET

Please provide any medical data pertinent for this application to the Firemen's Home. Below are some directions to help in the completion of all necessary forms.

Note: If currently hospitalized, some of the below items are not required. Please inquire with our Admissions Specialist.

Include the following with the Medical Certificate:

- History and Physical – to be completed by your medical provider
- Medical Records – from all current treating providers
 - Cardiac
 - Urology
 - Neurology
 - Therapies (OT, PT, Speech, etc.)
 - Psychiatric
- Hospital Discharge Summaries
- PRI and Screen – only good for 90 days post completion
- List of Current Medications

The FASNY Firemen's Home

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Date of Birth: _____ SSN: _____

The undersigned hereby authorizes and requests

PHYSICIAN OR PRACTICE NAME

to provide the Firemen's Home, 125 Harry Howard Avenue, Hudson, NY 12534, copies of the Medical Records of the above named patient for the purpose of admission to the Firemen's Home.

Any exception to the information to be released is as follows: _____

The request for information is limited to admission or hospital services commencing:

DATE

It is understood that this authorization may be revoked by me at any time (in writing) and will automatically expire ninety (90) days after the date of signature.

PHYSICIAN OR PRACTICE NAME

is released from all legal responsibility which may arise from the release of requested information.

Date: _____ Signature of Patient: _____

Date: _____ Signature of Witness: _____

The FASNY Firemen's Home

MEDICAL CERTIFICATE

Date: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

NYS County: _____ Marital Status: _____ Tobacco Use: _____

Place of Birth: _____ Date of Birth: _____ Alcohol Use: _____

Medicare Number: _____ Religion: _____

DATE OF:

Last Chest X-Ray _____ Pneumovac _____ Flu Shot _____

Mantoux _____ Results _____

Mantoux Test Is Required for Admission

Current Complaint/Reason for Admission to Firemen's Home: _____

Pertinent Past Medical History: _____

Medications: _____

Allergies: _____

Family Medical History: _____

Social History (Smoking, Alcohol Use, etc.): _____

ROS GENERAL:

HEENT: _____

CV: _____

Pulm: _____

GI: _____

Note: Completed form good for 90 days post date.

The FASNY Firemen's Home

GU: _____

MIS: _____

Neuro: _____

Endocrine: _____

Psychiatric: _____

PHYSICAL EXAMINATION:

Temp: _____ B.P. _____ P. _____ R. _____

Height: _____ Weight: _____

GENERAL:

HEENT: _____

Neck: _____

Heart: _____

Lungs: _____

Breasts: _____

Abdomen: _____

Genital: _____

Rectal: _____

Extremities: _____

Neurological: _____

Skin: _____

MD Signature: _____ Date: _____

Please print: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Reviewed by Firemen's Home Physician: _____

Dated on: _____

Note: Attach hospital discharge summaries and relevant medical information.

