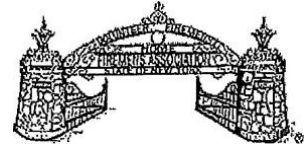


FIREFIGHTERS ASSOCIATION OF THE STATE OF NEW YORK
FIREFIGHTER'S HOME
INITIAL ADMISSION'S APPLICATION INFORMATION



THE FASNY FIREFIGHTER'S HOME DOES NOT PARTICIPATE IN THE MEDICARE OR MEDICAID PROGRAMS FOR PAYMENT FOR CARE AND SERVICES PROVIDED AT ITS FACILITY.

Current Residence: _____

If applicant is in a hospital or nursing home, please attach any physician's or nurse's notes, history and physical, if coming from home please attach a history and physical from your primary physician

I. GENERAL INFORMATION

Date: _____

APPLICANT INFORMATION:

Last: Name _____ First: _____ Initial: _____

Home Address: _____

City: _____ State/Zip: _____

Social Security Number _____ D.O.B. _____

Veteran Yes ___ No ___, Branch of Service _____ Spouse Veteran Yes ___ No ___

Fire Co. Or Dept. Affiliation _____ Fire Service Dates _____

II. INSURANCE INFORMATION—Original/Copies of all Insurance Cards will be needed at the time of Admission

Medicare: _____

Other Insurance: _____

Medicaid Application Pending: YES NO If Yes, Date Submitted: _____ County: _____

Name and Relationship of Individual Representing APPLICANT: _____

Address: _____

City: _____ State/Zip: _____

Telephone: _____ Work/Cell Phone: _____

Status: (Please Check) Power of Attorney Legal Guardian Health Care Proxy
 Person Responsible for handling Financial Transactions

APPLICANT'S Marital Status: Single Married Widowed Separated Divorced

U.S. Citizen: Yes

Primary Physician information:

Name: _____ Phone: _____

Current Diagnosis _____ Height _____ Weight _____

III. FINANCIAL DISCLOSURE (All information is kept confidential)

INCOME	MONTHLY AMOUNT (For Applicant)	Initial application information 6/21/22 (For Spouse if applicable)
Social Security	\$ _____	\$ _____
Retirement Pension	\$ _____	\$ _____
Veteran's Pension	\$ _____	\$ _____
Railroad Pension	\$ _____	\$ _____
Supplementary Security Income	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
LOSAP (Length of Service Awards Program)	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
 Total Combined Monthly Income	 \$ _____	

ASSETS – Copies of most recent statements must be provided

CHECKING ACCOUNTS:

Bank Name: _____

Account Balance \$ _____ Joint Account: Yes No

SAVINGS ACCOUNTS:

Bank Name: _____

Account Balance \$ _____ Joint Account: Yes No

OTHER ACCOUNTS:

Bank Name: _____

Account Balance \$ _____ Joint Account: Yes No

Certificates of Deposit:

Bank Institution: _____ Balance: \$ _____

Does the APPLICANT own a home: Yes No Estimated Value: \$ _____

Does the APPLICANT own a motor vehicle: Yes No Estimated Value: \$ _____

If yes, is the home jointly owned with anyone? _____

Does the APPLICANT have Long Term Care Insurance: Yes No

If yes, which Insurance Company _____

Other Assets (e.g. stocks, bonds, other) (Please list)

Amount

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Have any assets been transferred in the last 36 months: Yes No

If yes, please describe: _____

Has an Estate or Family Trust been established: Yes No If yes when, _____ Please

provi

de a copy

I _____, authorize the FASNY FIRFIGHTER’S HOME to obtain a Consumer.
Print

Credit Report and/or a Background Report on the applicant listed above. 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).

NOTE: ALL APPLICANTS MUST SUBMIT

Any applicant must submit who is eligible for nursing home services pursuant to and in accordance with the Hospital/Community APPLICANT Review Instrument ("PRI") and nursing home PASARR ("SCREEN")

To the best of my knowledge, all the information provided is correct and valid.

X _____
APPLICANT Signature or Responsible Party Date

All information, in accordance with HIPPA, is kept confidential

State of New York)
) ss:
County of _____)

On the ___ day of _____, in the year 20__ before me, the undersigned, personally appeared the Applicant, _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC-STATE OF NEW YORK

**POWER OF ATTORNEY
NEW YORK STATUTORY SHORT FORM**
For Use with Application for Membership to the FASNY Firefighter's Home

(a) **CAUTION TO THE PRINCIPAL:** Your Power of Attorney is an important document. As the “principal,” you give the person whom you choose (your “agent”) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority. As the “principal” of this Power of Attorney, you are granting the FASNY Firefighter’s Home and/or its designee authority to act as your agent to contact financial institutions on your behalf and obtain information relevant to your application for membership in the Firefighter’s Home. Please note that by designating FASNY as your agent, you retain your authority to act even though you have given FASNY similar, albeit limited, authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. Your agent can act on your behalf only after signing the Power of Attorney before a notary public. You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located. You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.nysenate.gov or www.nyassembly.gov.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

(b) **DESIGNATION OF AGENT(S):**

I, _____, hereby appoint:
name of principal (Firefighter's Home Applicant)

Keith Henchey; Elizabeth Makoske; and Jane Redding, all on behalf of the FASNY Firefighter’s Home, 125 Harry Howard Avenue, Hudson, New York, as my agents. My agents may act SEPARATELY.

(c) **Intentionally Omitted.**

(d) **This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under “Modifications”.**

(e) **This POWER OF ATTORNEY DOES NOT REVOKE any Powers of Attorney previously executed by me unless I have stated otherwise below, under “Modifications”.**

(f) **GRANT OF AUTHORITY:**

To grant your agent some or all of the authority below, either

- (1) Initial the bracket at each authority you grant, or
- (2) Write or type the letters for each authority you grant on the blank line at (P) and initial the bracket at (P).
If you initial (P), you do not need to initial the other lines.

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

- () (A) real estate transactions.
- () (B) chattel and goods transactions.
- () (C) bond, share, and commodity transactions.
- () (D) banking transactions.
- () (E) business operating transactions.
- () (F) insurance transactions.
- () (G) estate transactions.
- () (H) claims and litigation.
- () (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five thousand dollars.
- () (J) benefits from governmental programs or civil or military service.
- () (K) financial matters related to health care, records, reports, and statements.
- () (L) retirement benefit transactions.
- () (M) tax matters.
- () (N) all other matters.
- () (O) full and unqualified authority to my agent(s) to delegate any or all the foregoing powers to any person or persons whom my agent(s) select.
- () (P) **EACH of the matters identified above.**

You need not initial the other lines if your initial line (P).

(g) Intentionally Omitted.

(h) MODIFICATIONS: (OPTIONAL)

In this section, you may make additional provisions, including, but not limited to, language to limit or supplement authority granted to your agent, language to grant your agent the specific authority to make gifts to himself or herself, and/or language to grant your agent the specific authority to make other gift transactions and/or changes to interests in your property. Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. In this section, you may make additional provisions if you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf,

and you may define "reasonable compensation." The Modification is as follows:

The purpose of this Limited Power of Attorney is to permit the FASNY Firefighter's Home to conduct a background investigation relative to the financial standing of the principal in furtherance of the principal's application for membership and residency in the FASNY Firefighter's Home. The agents stated herein do not have any authority to sell or dispose of any assets of the principal but may receive said assets on behalf of FASNY in furtherance of the documents constituting the Firefighter's Home Admissions Agreement.

(i) **Intentionally Omitted.**

(j) **Intentionally Omitted.**

(k) **ACCEPTANCE BY THIRD PARTIES:** I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

(l) **TERMINATION:** This Power of Attorney continues until I revoke it, or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

(m) **SIGNATURE AND ACKNOWLEDGMENT:**

In Witness Whereof I have hereunto signed my name on _____, 20_____.

Signature of Principal (Firefighter's Home Applicant): _____

*****ACKNOWLEDGMENT, OR NOTARY BLOCK.*****

STATE OF NEW YORK)

) ss:

COUNTY OF _____)

On the ____ day of _____, 20__, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

(n) **SIGNATURES OF WITNESSES:**

By signing as a witness, I acknowledge that the principal signed the Power of Attorney in my presence and in the presence of the other witness, or that the principal acknowledged to me that the principal's signature

was affixed by him or her at his or her direction. I also acknowledge that the principal has stated that this Power of Attorney reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as an agent or as a permissible recipient of gifts.

Signature of Witness 1

Signature of Witness 2

Date

Date

Print name

Print name

Address

Address

City State, Zip Code

City, State, Zip Code

(o) **Intentionally Omitted.**

(p) **AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:**

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

We, Keith Henchey, Elizabeth Makoske, and Jane Redding, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as agent(s) for the principal named therein.

We acknowledge our legal responsibilities.

In Witness Whereof I have hereunto signed my name on _____ (date)

Agents sign here: _____ (Keith Henchey)

_____ (Elizabeth Makoske)

_____ (Jane Redding)

*****ACKNOWLEDGMENT, OR NOTARY BLOCK on next page*****

STATE OF NEW YORK)

) ss:

COUNTY OF COLUMBIA)

On the ____ day of _____, 20__, before me, the undersigned, personally appeared Keith

Henchey, Elizabeth Makoske, and Jane Redding, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

(q) Intentionally Omitted.