

Admission Application Packet Instructions

1. If the Applicant is at Home.

Take Medical Application to your doctor and have them complete it. You will also need to ask for a script (prescription) for a PRI & Screen. You will need that script to set up an appointment for a PRI & Screen which is required by New York State Department of Health for every nursing home admission in New York State. If you live in Columbia or Greene Counties, you can call the Eddy Visiting Nurses of Columbia & Greene County. They will come to your house to do this. Usually there is a \$300 to \$400 charge for this test. If they are unable to do it, you can contact Cindy Hoffman, RN, Cell Phone #518-410-6455 to schedule an appointment.

2. If the Applicant is at a hospital, rehabilitation facility of another nursing home.

Give the Social Worker the Medical Application to be completed. Ask for a PRI & Screen to be completed on the applicant.

In either of the above two scenarios, the completed medical application and PRI & Screen can be faxed to me at 518-828-1092 or emailed to myself at jredding@fasny.com. Once I have both packets of paperwork, I will give them to the Director of Nursing Services for their review and approval. At that point, they will determine where the applicant will be placed in the facility. If there is a bed available, the applicant will be offered that bed. If not, the applicant will be put on a hold list until a bed becomes available on the appropriate unit.

Initial Admission Application

Please complete the initial admission application. Besides the application, we will also need the following paperwork to complete the application packet.

1. Copy of Social Security Card
2. Copy of birth certificate and/or passport.
3. Copy of driver's license or non-driver's id card.
4. Copy of Power of Attorney and Health Care Proxy.
5. Copy of all medical insurance cards front & back including Medicare card and prescription card.
6. How do you pay for your medical insurance coverage and the amount?
7. Presently, we are doing a three year look back. We need three years' worth of all bank account statements and/or financial statements.
8. If you own your own house, we will need a copy of the deed and a copy of your tax bill to determine the estimated assessment. If the house has been put in trust, we need a copy of the trust.
9. We need a copy of all your life insurance policies and a policy value statement on each policy.
10. If you are a veteran, we need a copy of your DD 214 (Discharge from Military Service).
11. If you own a vehicle(s), copy of the title(s) and Kelly Blue Book values.
12. Do you have a prepaid trust for your burial? If you do, please provide a copy of it.
13. We need three years of Income Taxes.

If you have any questions regarding any part of the application process, please call me at 518-828-7695 Ext. 111 or email me at jredding@fasny.com.

Thank you for your interest in the Firefighter's Home.

Jane Redding - Admissions & Member Finance Coordinator

Dated – 8-15-25



Who can help?

Applicant Name: _____ Date: _____

Board of Trustees Contact: _____

Phone: _____ Email: _____

Application Questions:

Jane Redding

Phone: (518) 828-7695

email: jredding@fasny.com

Financial Questions:

Elizabeth Makoske

Phone: (518) 828-7695

email: emakoske@fasny.com

Insurance Questions:

Elizabeth Makoske

Phone: (518) 828-7695

email: emakoske@fasny.com

Facility Fax Number: (518)-828-1092

FIREFIGHTER'S 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: _____ Veteran Yes ___ No ___ Spouse Veteran Yes ___ No ___

Fire Co. or Dept. Affiliation _____ 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 ☐ HealthCare 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)	MONTHLY AMOUNT (For Spouse if applicable)
Social Security	\$ _____	\$ _____
Retirement Pension	\$ _____	\$ _____
Veteran's Pension	\$ _____	\$ _____
Railroad Pension	\$ _____	\$ _____
Supplementary Security Income	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
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 provide a copy

I _____ authorize the FASNY FIREFIGHTER'S HOME to obtain a
Print

Consumer 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



THE FASNY FIREFIGHTER'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 honorable discharged there from; that from the best information I can obtain, he/she is a person to admit
to membership in the Firefighter'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

FIREFIGHTERS ASSOCIATION OF THE STATE OF NEW YORK

REPRESENTING THE VOLUNTEER FIREFIGHTER, BOTH ACTIVE AND EXEMPT, IN THE STATE OF NEW YORK

125 HARRY HOWARD AVENUE, HUDSON, NY 12534 • TEL: 518.828.7695 • 1.800.479.7695 • FAX: 518.828.1092 • WEB: FIREMENSHOME.COM

**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)

Tara Degan and Elizabeth Makoske, all on behalf of the FASNY Firefighter's Home, 125 Hany 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): _____

*****ACKNOWLEDGEMENT, OR NOTARY BLOCK.*****

[illegible]

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, Tara Degan and Elizabeth Makoske, 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: _____ (Tara Degan)

_____ (Elizabeth Makoske)

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

STATE OF NEW YORK)
)
COUNTY OF COLUMBIA) ss:

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

Degan and Elizabeth Makoske, 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.**