

"We Prove We Care"

ADMISSION APPLICATION

HOW TO USE THIS APPLICATION

The Applicant *(If husband and wife are applying, separate applications are required.)*
 Complete **SECTION A**, then separate the ORIGINAL (white) from the COPY (yellow).
 Mail or deliver the ORIGINAL to: Masonic Home of New Jersey
 902 Jacksonville Road
 Burlington, NJ 08016-3896
 Mail or deliver the COPY to the sponsoring Lodge.

The Lodge Upon receipt of the COPY of this form, complete **SECTION B** and mail or deliver it to the Masonic Home at the address above.

Questions? Call the Masonic Home at (609) 239-3900 and ask for the Social Services Department.

SECTION A - (Applicant)

PLEASE PRINT

1. Name _____
 First _____ Middle _____ Last _____

2. Address _____
 Street _____
 City/Town _____ State _____ Zip Code _____ County _____

3. Applicant's Telephone Number () _____ 4. Date of Birth _____

5. Family Contact Telephone No. () _____ 6. Relationship/Name _____

7. Sponsoring Lodge Name _____ Number _____

8. Complete, if applicable: I am the wife widow mother sister son daughter
 of Brother *(Please PRINT full name.)* _____

9. **SIGN** your name here _____

SEPARATE THIS FORM AND FOLLOW ABOVE INSTRUCTIONS ABOUT WHERE TO MAIL EACH SHEET.
(Original – White to Masonic Home of New Jersey; Copy – Yellow to sponsoring Lodge.)

SECTION B - (Lodge)

PLEASE SIGN THIS ACKNOWLEDGEMENT.

This Lodge acknowledges (or will acknowledge at its next regular meeting) this request for admission to the Masonic Home of New Jersey and does agree to assume, if able, such responsibilities as may arise during the processing of this application, including the transportation of the applicant to the Masonic Home in the event of admission and removing the applicant should that become necessary. We verify the applicant as being a Master Mason in good standing for the three consecutive years most immediately preceding this request.

Lodge Name _____ Number _____, F.&A.M.
 Signed: _____ Worshipful Master
 Signed: _____ Secretary
 Date: _____ (SEAL)

MASONIC HOME USE ONLY RP 117 (REV. 03/03) Request No. _____	ORIGINAL Received: _____	Initiated: _____
	COPY Received: _____	Passed: _____
		Raised: _____
		Dec'd.: _____

MASONIC HOME OF NEW JERSEY
902 JACKSONVILLE ROAD
BURLINGTON, NJ 08016
(609) 239-3900

REPORT OF PHYSICIAN'S EXAMINATION

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: _____

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 _____
MEMORY: ALERT _____ ORIENTED _____ CONFUSED _____ FORGETFUL _____
DELUSIONS _____
BEHAVIOR DISTURBANCES: SLEEP DISTURBANCES _____ AGITATION _____
WANDERING _____ RESTLESS _____ COMBATIVE _____

9. PERSONALITY: HAPPY _____ DEPRESSED _____ TRUSTING _____
SUSPICIOUS _____ AGREEABLE _____ RESISTIVE _____

The Masonic Home of New Jersey

Financial Application

Statement of Financial Position as of _____
(Date)

Name: _____

Address: _____

Phone Number: _____

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

<u>Source</u>	<u>Applicant</u>	<u>Spouse</u>
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 _____ Names on Account _____
Balance of Account \$ _____

Bank _____ Names 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

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

_____ Balance \$ _____
_____ 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 Two Thousand Dollars 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): _____

Masonic Home of New Jersey

Documentation Required (if applicable) Prior to Approval

Please submit copies not the originals

Resident Name: _____

- 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.

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- 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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- Residents are responsible for their Medical and Pharmaceutical care.
 - If you use mail order prescriptions please set them up for automatic renewal and with specific delivery instructions that we will provide.
 - An account with a local pharmacy can be set up for immediate prescription coverage