Actors Fund Home
A residence of the
Entertainment Community Fund

Actors Fund Home

Dear Friends,

Thank you for your interest in the Actors Fund Home. We look forward to guiding you and your loved one through our application process and providing information about our long-term care assisted living, assisted living memory care, skilled nursing and dementia care services.

I appreciate you placing your trust in my staff and our facility, where we offer the very best care. The Home is a gold standard for senior care and a recipient of the highest rating of 5 stars from the Centers for Medicare and Medicaid Services.

In this pdf, you'll find an Application as well as a Pre-Admission Checklist to help guide you through the required documentation needed. Once you've completed and signed the full application and gathered the documents listed on page one of the checklist, please submit them for review to Laura White via scanned email or by fax.

To streamline your application process, you can now use our interactive application found on: actorsfundhome.org.

By Email:	By Fax:	By Interactive Application:
lwhite@actorsfund.org	201.266.5222 Attn: Laura White	**actorsfundhome.org**

If you have any questions regarding the application, admissions process or would like to arrange a tour of the Home, please feel free to contact Laura White.

We look forward to hearing from you!

Warm regards,

Jordan Strohl
Executive Director
jstrohl@actorsfund.org
201.871.8882 ext. 501

Enclosures

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Actors Fund Home Rate Sheet

Room and Board Rates

Effective January 1, 2023

Nursing Home Private Room	$623/day
Nursing Home Semi-Private Room	$541/day
Short-stay Rehabilitation—Shubert Pavilion	$679/day
Assisted Living	
—Percy Williams Wing	$353/day
—Shubert or Friedman Pavilion	$396/day
—Memory Care	$455/day
Assisted Living Community Fee	$1,000
Medicaid Application Fee	$3,000

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Actors Fund Home Pre-Admission Checklist

Applicant's Name _____ Date _____

Initial items to submit to be placed on the waiting list:

- ☐ Completed Actors Fund Home Application
- ☐ Eligibility Information: Proof of 20 years of professional experience in the performing arts or entertainment industry (resume, union pensions, playbills, articles, union earnings printout)
- ☐ Copy of Advance Directive, if applicable:
  - ☐ Living Will
  - ☐ Health Care Proxy
  - ☐ Power of Attorney
  - ☐ Guardianship papers
- ☐ Copy of birth certificate OR valid U.S. passport
- ☐ Verification of any name change (copy of court order)
- ☐ Copy of Medicaid documentation if applicable
- ☐ Copy of Social Security Card (front and back)
- ☐ Verification of Social Security monthly amount (award letter OR direct deposit statement)
- ☐ Copy of Medicare card (front and back)
- ☐ Copy of all secondary insurance cards (front and back)
- ☐ Copy of medical/prescription insurance cards (front and back)

(Continued on reverse)

Financial Information:

- ☐ Copy of CURRENT month's financial statements (all pages of all accounts: checking, investments, savings, retirement, etc.)
- ☐ Copy of most recent tax return
- ☐ Copy of pension check stub showing deduction and net amount
- ☐ Copy of life insurance policy
- ☐ Copy of ANY documentation on Long Term Care insurance policy

Documents needed for applicants who will also need to apply for New Jersey Medicaid:

- ☐ 5 years of bank statements and other accounts (all pages from each month)
- ☐ 5 years of tax returns
- ☐ Copy of Social Security award letter and/or pension check stub
- ☐ Proof of marital status: marriage certificate, divorce papers or death certificate
- ☐ Outstanding debt owed such as credit card, mortgage, loans, IRS, etc.
- ☐ Proof of residency for the past 5 years: landlord letter, apartment lease or deed
- ☐ Deed to house and/or transfer deed if land or house was transferred
- ☐ Closing statement for any land or real estate sold within the past 5 years
- ☐ Copy of pre-paid funeral arrangements/deed to cemetery plot

Medical documentation is NOT usually needed at the time of application. This will be requested closer to the date of admission.

If you have any questions, please contact Laura White by email **lwhite@actorsfund.org** or call 201.871.8882 ext. 543.

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Actors Fund Home Application for Admission

☐ Assisted Living ☐ Memory Care Assisted Living ☐ Nursing Home Care Date _____

I. Applicant Information

Applicant's Name _____ Age _____

Date of Birth _____ Place of Birth (county/state) _____

Home Phone _____ Cell Phone _____

Email _____ Social Security # _____

Home Address _____

City _____ County _____ State _____ Zip Code _____

Applicant is now at

☐ Home ☐ Hospital ☐ Nursing Home ☐ Assisted Living ☐ Other

Please identify location if not at home

Name of Facility _____

Address _____

Telephone _____ Length of Stay _____

☐ Own Home ☐ Rent ☐ Other Living Arrangements

Alone or with others; please specify name, age and relationship to applicant _____

Primary Language ☐ English ☐ Other, please specify _____

Is Applicant a U.S. citizen? ☐ Yes ☐ No; explain citizenship status _____

Date of entry into U.S. _____

Marital Status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed; Date of Spouse's death _____

Name of Spouse _____

Did you serve in the Armed Forces? ☐ No ☐ Yes; Branch of Service _____

Religion: ☐ Jewish ☐ Catholic ☐ Protestant ☐ Other, please specify _____

II. Professional Eligibility: (May be Applicant or an eligible relative)

Applicant: Professional Name

Legal Name (if different from above)

Performing Arts or Entertainment Occupation

Eligible Relative: Professional Name

Legal Name (if different from above)

Performing Arts or Entertainment Occupation

Relationship to Applicant

Union Affiliation(s) of Eligible Professional:

Union 1: Union 3:

Union 2: Union 4:

Please a provide brief description of Eligible Professional's career in performing arts and entertainment. (Please note you will later be asked for union printouts, IBDB printout, any other documentation):

III. Advance Directives

Does Applicant have Financial Power of Attorney (POA)?

☐ Yes
☐ No; Please provide POA information:

Name of POA Relationship

Address

City State Zip Code

Home Phone Bus. Phone Cell Phone

Email

Does Applicant have a Health Care Proxy? ☐ Yes ☐ No

Name of Proxy Relationship

Address

City State Zip Code

Home Phone Bus. Phone Cell Phone

Email

Does Applicant have Legal Guardianship? ☐ Yes ☐ No

Name of Proxy Relationship

Address

City State Zip Code

Home Phone Bus. Phone Cell Phone

Email

Other parties to be notified in case of illness, incident or emergency. (Please list in order of importance)

1. Name Relationship

Address

Cell Phone Email

2. Name Relationship

Address

Cell Phone Email

IV. Funeral Arrangements

Does Applicant have Funeral/Burial Arrangements? ☐ Yes ☐ No

Is the Burial Contract "Irrevocable?" ☐ Yes ☐ No

Name of Funeral Home/Cremation Service

Address

Telephone

V. Financial Information

Who will be responsible for managing the Applicant's finances?

Applicant: ☐ Yes ☐ No Power of Attorney: ☐ Yes ☐ No Other: ☐ Yes ☐ No

Will Responsible Party use Applicant's assets, as described below in Section V, to pay for Applicant's care?

☐ Yes ☐ No

Will Applicant need to apply for New Jersey Medicaid (i.e. Applicant has less than $2,000.00 in assets)

☐ Yes ☐ No

Current Income/Benefits (Please list ALL income here)

	Monthly Amount	Source of Income
Social Security	$	
Pension	$	
Annuity (ies)	$	
Interest	$	
Reparations	$	
Veteran's Benefits	$	
Dividends, Royalties, etc.	$	
Estates/Trusts	$	
Other	$	
TOTAL INCOME	**$**	

Assets (Please include copies of most recent statement from EACH account)

	Total Value	Name of Bank / Institution
Checking Account	$	
Savings Accounts (Money Market, Certificates of Deposit, Mutual Funds, etc.)	$	
U.S. Savings Bonds, Stocks, Securities	$	
Trust Fund	$	
IRA, Keogh or other Tax deferred income	$	
Other	$	
TOTAL ASSETS	**$**	

Liabilities (as of application date)

Please list any debts owed by the Applicant and the approximate amount (IRS, mortgage, credit card, etc.):

Does the Applicant have any pending claims, such as: lawsuits, divorce settlements, inheritance, accident claims, sale of property or other claims, or does anyone owe the Applicant money? ☐ Yes ☐ No

Please Explain

VI. Real Estate

Applicant owns real estate, situated in the Town/City of

County State

Description of property (i.e. residential, land, etc.)

Estimated market value

Additional properties/information

VII. Insurance

Does the Applicant have Life Insurance policies with cash value? ☐ Yes ☐ No

Insurance Company Policy Number

Approximate Cash Value

Is the Applicant named as beneficiary on another's insurance policy? ☐ Yes ☐ No

If yes, name and relationship to Applicant

Does the Applicant have Long Term Care Insurance: ☐ Yes ☐ No Insurance Company

Policy Number Name of Insured

VIII. Medical Insurance

Medicare Number _____ Does Applicant have Medicare Parts A and B? ☐ Yes ☐ No

Does Applicant have a "Medigap" or Supplemental Policy? _____

Name of Policy _____ Member I.D. Number _____

Does Applicant have a Prescription, or Part D Policy? _____

Name of Policy _____ Member I.D. Number _____

If Applicant does not have "Original Medicare", do they have a Medicare Advantage Plan? _____

Name of Policy _____ Member I.D. Number _____

Does Applicant have a Commercial Insurance Policy, perhaps from an employer or Union? _____

Name of Policy _____ Member I.D. Number _____

IX. Miscellaneous Information

Is Applicant aware of this application and agreeable to placement? ☐ Yes ☐ No

Can Applicant be contacted regarding status of this application? ☐ Yes ☐ No

Please check the appropriate answer:

☐ I am ready for immediate placement when a bed becomes available.
☐ I am not ready for immediate placement when a bed becomes available.

Certification

I understand no application is considered for admission until all requested information is furnished. I agree, if admitted, to abide by the rules, regulations and policies of the Actors Fund Home. I represent that to the best of my knowledge, the above statements and information provided are true and correct.

_____ _____

Signature of Applicant/Power of Attorney Signature of Representative

_____ _____

Print Name Print Name

_____ _____

Date Date