



**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 packet, 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 Kathleen O'Leary via scanned email or by fax.

**To streamline your application process, you can now use our interactive application found on: [actorsfundhome.org](https://actorsfundhome.org).**

**By Email:**

[koleary@actorsfund.org](mailto:koleary@actorsfund.org)

**By Fax:**

201.589.2792  
Attn: Kathleen O'Leary

**By Interactive Application:**

[actorsfundhome.org](https://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 Kathleen O'Leary.

We look forward to hearing from you!

Warm regards,

Jordan Strohl  
Executive Director  
[jstrohl@actorsfund.org](mailto: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, 2026*

Nursing Home Private Room	\$725/day
Nursing Home Semi-Private Room	\$630/day
Short-stay Rehabilitation—Shubert Pavilion	\$790/day

### Assisted Living

—Percy Williams Wing	\$411/day
—Shubert or Friedman Pavilion	\$461/day
—Memory Care	\$529/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

Copy of photo ID

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 Kathleen O'Leary by email [koleary@actorsfund.org](mailto:koleary@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 provide a 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 a Financial Power of Attorney (POA)?

No

Yes; Please provide POA information below

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	\$	
<b>TOTAL INCOME</b>	<b>\$</b>	

### 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	\$	
<b>TOTAL ASSETS</b>	<b>\$</b>	



## Liabilities (as of application date)

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

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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

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## 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

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## 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

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

Policy Number Name of Insured

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## 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