

# The 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, as well as a perfect survey from the New Jersey State Department of Health.

In this pdf, you'll find an Application as well as a Pre-Admission Check List 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 check list, please submit them for review to Laura White via scanned email if possible, or by fax or mail:

**By Email:**

lwhite@actorsfund.org

**By Fax:**

201.266.5222

Attn: Laura White

**By Mail:**

Laura White, LCSW

*Director of Admissions*

The Actors Fund Home

155-175 West Hudson Avenue

Englewood, NJ 07631

201.871.8882 ext. 543

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

*Administrator*

jstrohl@actosfund.org

201.871.8882 ext. 501

*Enclosures*

# The Actors Fund Home

## RATE SHEET

Effective January 1, 2022

### ROOM RATES

Nursing Home Private Room	\$593/day
Nursing Home Semi-Private Room	\$515/day
Short-stay Rehabilitation—Shubert Pavilion	\$647/day
Assisted Living—Percy Williams Wing	\$336/day
Assisted Living—Shubert or Friedman Pavilion	\$377/day
Assisted Living—Memory Care	\$433/day
Assisted Living Community Fee	\$1,000
Medicaid Application Fee	\$3,000

## PRE-ADMISSION CHECK LIST

Applicant's name

Date

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### 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 Directives:
  - 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: rent receipt, 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 time of application. This will be requested closer to date of admission.**

If you have any questions, please contact Laura White by email [lwhite@actorsfund.org](mailto:lwhite@actorsfund.org) or call 201.871.8882 ext. 543.

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Laura White, LCSW  
Director of Admissions  
The Actors Fund Home  
155-175 West Hudson Avenue  
Englewood, NJ 07631

## 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 \_\_\_\_\_

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 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 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 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

Home Tel.

Bus. Tel.

Cell #

Email

Does Applicant have a Health Care Proxy?  Yes  No

Name of Proxy Relationship

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Address

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City State Zip Code

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Home Tel. Bus. Tel. Cell #

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Email

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Does Applicant have Legal Guardianship?  Yes  No

Name of Guardian Relationship

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Address

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City State Zip Code

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Home Tel. Bus. Tel. Cell #

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Email

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

1. Name Relationship

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Address

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Cell # Email

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2. Name Relationship

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Address

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Cell # Email

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#### IV. FUNERAL ARRANGEMENTS

Does Applicant have Funeral/Burial Arrangements?  Yes  No Is the Burial Contract "Irrevocable?"  Yes  No

Name of Funeral Home/Cremation Service

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Address

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Telephone

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## 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>	\$	

### 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>	\$	



**LIABILITIES (AS OF APPLICATION DATE)**

Please list any debts owed by Applicant and 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 Applicant money?  Yes  No

Please Explain

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**VI. REAL ESTATE**

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

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County

State

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

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Estimated market value

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Additional properties/information

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**VII. INSURANCE**

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

Insurance Company

Policy No.

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Approximate Cash Value

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

If yes, name and relationship to Applicant

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Do you have Long Term Care Insurance:  Yes  No

Insurance Company

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Policy No.

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 Plan \_\_\_\_\_ 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 he/she 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