



Greenwood House

ROBERT AND NATALIE MARCUS
HOME FOR THE JEWISH AGED

Application for Admission

Please complete and return to:
Greenwood House
53 Walter Street, Ewing, NJ 08628
(609) 883-5391

1. Name _____

2. Present Address _____

Telephone () _____ city _____ state _____ zip _____
Years at Present Address _____

If Less Than 2 Years, Previous Address _____

3. Marital Status: Single Married Divorced Widowed

Name and Address of Spouse (if Living) _____

4. Date of Birth _____ Age _____ Birthplace _____

5. Medicare # _____ Social Security# _____ Medicaid# _____

Health Insurance Co. _____ ID# _____

6. With Whom Are You Now Living? _____

Name _____ Relationship _____

Address _____ Telephone _____

7. Names and Addresses of Children

Name _____ Address and Zip Code _____ Bus. Tel _____ Home Tel. _____

Name _____ Address and Zip Code _____ Bus. Tel _____ Home Tel. _____

Name _____ Address and Zip Code _____ Bus. Tel _____ Home Tel. _____

Name _____ Address and Zip Code _____ Bus. Tel _____ Home Tel. _____

Name _____ Address and Zip Code _____ Bus. Tel _____ Home Tel. _____

8. Other Relatives or Interested Friends

Name _____ Address and Zip Code _____ Bus. Tel _____ Home Tel. _____

Name _____ Address and Zip Code _____ Bus. Tel _____ Home Tel. _____

Name _____ Address and Zip Code _____ Bus. Tel _____ Home Tel. _____

9. Do you receive any Pension or Private or Governmental financial payment, including Medicaid, Social Security? Yes No

If yes, itemize source and amount.

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

Source _____ Amount _____

10. Is your Life Insured? Yes No Amount \$ _____ Company _____ Policy# _____

Beneficiary _____

11. Are there any friends or relatives who will help in the maintenance of your personal wardrobe, medical expense, burial expense? Yes No

Name/Address _____

12. What serious illnesses have you had in the past 5 years? _____

Name and address of Physician who last attended you and date _____

Who is your family physician? _____

Have you been a resident of any other Home? Yes No If so, give name, address and date of residency. _____

Have you ever filed application for admission to any other Home? Yes No

If rejected, state reason: _____

13. Do you have burial benefits? Yes No

14. Give names and addresses of any Society, Lodge or Congregation to which you belong. _____

15. Funeral Director _____

If admitted, I will abide by the rules of Greenwood House and apply for any governmental aid program which may be necessary. I agree to complete any statements required for the admission process.

A nonrefundable processing fee of \$50.00 is required with the filing of this application. If unable to pay fee, consult with the Executive Director.

Applicant's Signature _____

Co-Signer (Children or those responsible) _____

State of New Jersey Department of Human Services Division of Medical Assistance and Health Services

Governor Thomas H. Kean signed a law on August 23, 1985 which is important to persons seeking admission to a Medicaid Nursing home. It prohibits nursing homes from denying admission to a Medicaid applicant if a bed is available and the home is below a specific occupancy level. The law also prohibits nursing homes from requiring any payment from a Medicaid eligible person or his/her family as a condition for admission or for a continued stay at a nursing home. The Medicaid District Office should be notified immediately if this law is not followed.