



ADMISSION PROCESS

As a program licensed by the New York State Department of Health, The Northfield must meet State regulations regarding eligibility for its Enriched Housing program. The following application process is intended to meet those requirements and also to ensure that The Northfield can meet the care needs of individuals who desire to live there.

Additional information is available on-line at www.thenorthfield.org.

1. Completed applications will be processed in the order the applications are received. All applications will be date and time stamped.
2. If the applicant(s) appear to qualify for the program, a personal interview will be scheduled. The interview provides the applicant with the opportunity to learn more about The Northfield and for the program staff to learn more about the applicant's specific needs and interests. The admissions agreement will be reviewed at the interview. Applicants are welcome to bring family members or advisors to the interview if desired.
3. If the applicant wishes to continue the admission process after the personal interview, he/she may do so by choosing a tentative apartment and paying a \$100 application fee within 30 days of the interview. The application will be considered withdrawn if there is no follow-up within thirty days of the interview. The application fee will be:
 - a. applied toward the first month's rent; or,
 - b. returned to the applicant if he/she is not medically qualified for the program; or,
 - c. forfeited if the applicant does not accept an apartment when offered or if the application is found to contain significant misstatements which affect eligibility for the program.
4. The applicant must have a physical with his/her own physician within thirty (30) days prior to admission. The physician must complete and return the DSS Form 3122 to The Northfield's Admissions Office. It is only after review of the completed medical form that final decision to admit can be made.
5. A move-in date is arranged immediately thereafter. Payment of the first month's rent (less the application fee) and security deposit is due the day the resident moves in.



4560 Nine Mile Point Road
Fairport, NY 14450

FOR OFFICE USE ONLY	
Case Worker	_____
Referral Source	_____
Applicant	<input type="radio"/> Yes
Reason for Referral:	_____

APPLICATION FOR ADMISSION

**Please respond to all questions as we cannot accept incomplete applications.
Use the spaces for co-residents only if you are applying as a couple.**

DEMOGRAPHICS:

Name: (LAST)	(FIRST)	(MI)
Name of co-applicant (if applicable)		
Current address (STREET)		
(CITY)	(STATE)	(ZIP)
Telephone: (WITH AREA CODE)		
Social Security No.	Co-Applicant Social Security No.	
Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Living as married		
Date of Birth(s) (MO/DAY/YEAR)	Co-Applicant (IF APPLICABLE)	
Are you Veteran? Applicant: <input type="radio"/> Yes <input type="radio"/> No	Co-Applicant (IF APPLICABLE) <input type="radio"/> Yes <input type="radio"/> No	
United States Citizen(s) Applicant: <input type="radio"/> Yes <input type="radio"/> No	Co-Applicant (IF APPLICABLE) <input type="radio"/> Yes <input type="radio"/> No	
Naturalized Citizen(s) if not born in USA ONLY: Applicant: <input type="radio"/> Yes <input type="radio"/> No	Co-Applicant (IF APPLICABLE) <input type="radio"/> Yes <input type="radio"/> No	
Date of Naturalization: Applicant:	Co-Applicant (IF APPLICABLE)	
Permanent Residency Visa, if not born in USA ONLY: Applicant: <input type="radio"/> Yes <input type="radio"/> No	Co-Applicant (IF APPLICABLE) <input type="radio"/> Yes <input type="radio"/> No	
Year residency Visa obtained: Applicant:	Co-Applicant (IF APPLICABLE)	
<i>If you were NOT born in the USA, you will need to provide copies of your permanent Visa / Naturalization papers, or green card.</i>		

CURRENT LIVING ARRANGEMENTS:

Applicant(s) lives with: <input type="radio"/> Alone <input type="radio"/> Spouse <input type="radio"/> Family member or Friend (SPECIFY)
Current Residence: <input type="radio"/> Home for adults <input type="radio"/> Private Home <input type="radio"/> Assisted Living facility <input type="radio"/> Enriched Housing program <input type="radio"/> Nursing Home <input type="radio"/> Hospital <input type="radio"/> Apartment <input type="radio"/> Other (SPECIFY)
Number of years:
Ownership: <input type="radio"/> Owns <input type="radio"/> Rents <input type="radio"/> Contributes <input type="radio"/> No Obligations <input type="radio"/> Other (SPECIFY)

PERSONS TO NOTIFY FOR EMERGENCIES:

1. Name:
Current address (STREET)
(CITY) (STATE) (ZIP)
Telephone: (WITH AREA CODE) INCLUDE ALL AVAILABLE INCLUDING HOME, WORK, OR CELLULAR NUMBERS
2. Name:
Current address (STREET)
(CITY) (STATE) (ZIP)
Telephone: (WITH AREA CODE) INCLUDE ALL AVAILABLE INCLUDING HOME, WORK, OR CELLULAR NUMBERS
3. Name:
Current address (STREET)
(CITY) (STATE) (ZIP)
Telephone: (WITH AREA CODE) INCLUDE ALL AVAILABLE INCLUDING HOME, WORK, OR CELLULAR NUMBERS

PLEASE LIST POWER OF ATTORNEY (if applicable) :IF DIFFERENT FROM ABOVE

Name:		
Current address (STREET)		
(CITY)	(STATE)	(ZIP)
Telephone: (WITH AREA CODE)		

PLEASE LIST HEALTH CARE PROXY (if applicable) :IF DIFFERENT FROM ABOVE

Name:		
Current address (STREET)		
(CITY)	(STATE)	(ZIP)
Telephone: (WITH AREA CODE)		

FUNERAL ARRANGEMENTS:

Please list funeral home
Telephone: (WITH AREA CODE)

OCCUPATION (former or present):

Applicant:	Co-Applicant (IF APPLICABLE)
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What kinds of activities does applicant enjoy (hobbies/interests)?
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Apartment desired: <input type="radio"/> One Bedroom <input type="radio"/> Two Bedroom
Will you have a car? <input type="radio"/> Yes If yes, provide license plate number: <input type="radio"/> No
Renter's insurance is highly recommended. Will you be having renter's insurance? <input type="radio"/> Yes <input type="radio"/> No
If yes, please provide name of insurance company:

INSURANCE INFORMATION

Medicare No.	Part A: <input type="radio"/> Yes <input type="radio"/> No Part B: <input type="radio"/> Yes <input type="radio"/> No
Other medical insurance: Name	Policy No.:

FINANCIAL INFORMATION

Regular Monthly Income:	Applicant	Co-Applicant
Social Security	\$	\$
Pension	\$	\$
Interest	\$	\$
Dividends	\$	\$
Mortgage/Rental Income	\$	\$
IRA Income	\$	\$
Trust Income	\$	\$
Other Monthly Income	\$	\$
TOTAL MONTHLY INCOME	\$	\$

Capital Assets:	Applicant	Co-Applicant
Cash (checking & savings)	\$	\$
CODs, Money Market, etc...	\$	\$
Stocks and Bonds	\$	\$
IRA's, Annuities, etc...	\$	\$
House	\$	\$
Other Real Estate	\$	\$
Life Insurance	\$	\$
Trust Fund	\$	\$
Other Assets	\$	\$
TOTAL ASSETS	\$	\$

Liabilities:	Applicant	Co-Applicant
Home Mortgage	<input type="radio"/> Yes <input type="radio"/> No If yes, \$	<input type="radio"/> Yes <input type="radio"/> No If yes, \$
Loan/Installment Payments	<input type="radio"/> Yes <input type="radio"/> No If yes, \$	<input type="radio"/> Yes <input type="radio"/> No If yes, \$
Other Liabilities	<input type="radio"/> Yes <input type="radio"/> No If yes, please list below	<input type="radio"/> Yes <input type="radio"/> No If yes, please list below
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Liabilities	\$	\$

Plans for disposition of home(s) (IF APPLICABLE):

Description of Trust Funds (IF APPLICABLE)
include date established, current assets, whether revocable or irrevocable, and any restrictions:

Has there been a transfer of any financial assets
(including but not limited to real estate) in the past 36 months? Yes No

If yes, please explain and note date(s) of transfer(s):

Does applicant/co-applicant have a Durable Power of Attorney?

Applicant: Yes No

Co-Applicant: Yes No

Does applicant/co-applicant have a legal guardian representative payee, or conservatorship in place or pending?

Applicant: Yes No

Co-Applicant: Yes No

If yes, please explain:

It is understood that submission of an application does not create any entitlement to admission or mean that the applicant will be accepted or admitted.

Signature of Applicant:

_____ DATE: _____

Signature of Co-Applicant (if applicable):

_____ DATE: _____

APPLICATIONS ARE ACCEPTED AND CONSIDERED WITHOUT REGARD TO RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, SPONSOR, ADVANCE DIRECTIVE, SEXUAL PREFERENCE, BLINDNESS OR OTHER HANDICAP; PERSONS UNDER 50 YEARS OF AGE ARE NOT ELIGIBLE FOR ADMISSION CONSIDERATION AS STATED IN NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES LAW PART 488.

Please return this application to :

**Northfield Admissions Department
4560 Nine Mile Point Road
Fairport, NY 14450**