

ADMISSION TO THE HOME

MISSION STATEMENT

The New Jersey Eastern Star Home is a not for profit, non-sectarian community providing distinguished programs and services to seniors who value experienced, personalized care in an intimate home like setting. Seniors are empowered to live life safely with dignity and purpose, in a community that respects the values and unique attributes of each individual. Founded by the Order of the Eastern Star of New Jersey, a fraternal charitable organization, this extraordinary community strives to exceed expectations by making a difference in the lives of seniors and their families.

THE HOME

The New Jersey Eastern Star Home was established in 1958, by the members of the Order of the Eastern Star of New Jersey, as a residence for their senior members. The Home is licensed by the New Jersey Department of Health and Senior Services as a 50 bed long-term care facility and an 11 bed residential health care facility. A licensed nursing home administrator under the governance of an elected Board of Directors operates the Home. The Home, once restricted to members of the Order, now welcomes the general public, but is still owned and supported by the Order of the Eastern Star of New Jersey. The Home is a community for those who choose to spend their senior years in the company of friends within a supportive caring environment. Residents are encouraged to participate as active members of their community and of the larger community in which the Home is located; to make choices; to maintain their independence; and most of all, to maintain their dignity. Through a Resident's Council and its committees, residents may voice their suggestions and concerns regarding life in the Home. Our Resident's Council provides each resident with the opportunity for self-expression.

THE LONG TERM CARE FACILITY (NURSING UNIT)

The Long Term Care Facility (Nursing Unit) is a fifty (50) bed health care unit comprised of private and semi-private rooms in two wings with a centralized nurses' station. Skilled nursing is provided, around-the-clock, by Registered Nurses, Licensed Practical Nurses, and Certified Nurses Aides, under the direction of a Director of Nursing. Nursing services include daily personal care, assistance with activities of daily living (e.g. bathing, eating, dressing, toileting), and administration of medications, as ordered by the attending physician. Nursing personnel provide restorative services to maintain functional abilities, including range of motion, ambulation, and sensory stimulation. Physical, occupational, and speech therapy are provided according to residents' needs. A diversified Activities Program provides numerous opportunities for social interaction – seven days a week. Both group and independent activities are encouraged to meet the needs and desires of each resident.

THE RESIDENTIAL UNIT

The Residential Unit is comprised of eleven (11) residential accommodations with private rooms. Limited supervision of personal care is available as needed for these residents. Activities are scheduled daily and residents are encouraged to participate. Residents may choose to decorate their rooms with personal belongings from home.

Note: Items in all rooms (in both the Long Term Care Facility and Residential Unit) must be in compliance with the existing State and Local Fire Safety Codes.

APPLICANT ELIGIBILITY

Any individual is welcome to apply to the New Jersey Eastern Star Home. However, there are six (6) categories of applicants admitted through preferential order to the Home. Preference is given to members of the Order of the Eastern Star, Masons and their families as listed below.

1. Members of the Chartered Subordinate Chapters of the Grand Chapter, Order of the Eastern Star Home of New Jersey.
2. Out of state members of the Order of the Eastern Star who are eligible to join a Chartered Subordinate Chapter of the Grand Chapter, Order of the Eastern Star of New Jersey.
3. Demitted members of the Order of the Eastern Star who have reinstated their membership and are members of, or who are eligible to join, a Chartered Subordinate Chapter of the Grand Chapter, Order of the Eastern Star of New Jersey.
4. New Jersey Masons belonging to a Lodge which has been issued a Charter, known as a Warrant, by the Grand Lodge of Free and Accepted Masons of New Jersey.
5. Specified individuals related to a current member of a Chartered Subordinate Chapter of the Grand Chapter, Order of the Eastern Star of New Jersey, or to an out of state member of the Order of the Eastern Star who is eligible to join a Chartered Subordinate Chapter, Order of the Eastern Star of New Jersey including:
 - a. Spouse, parent, grandparent, natural or legally adopted child, grandchild, sister, brother, aunt, uncle, niece, nephew, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, and son-in-law
6. General Public
 - a. Note 1: Financial Criteria
 - i. All Residential candidates, except members of the Chartered Subordinate Chapters of the Grand Chapter, Order of the Eastern Star of NJ **must** be able to pay room and board on a private pay basis (full daily rate) for the entire duration of their stay or request special consideration for admission
 - ii. Any individual applying for or approved for Nursing Unit placement must be:
 1. Private pay – able to pay the full daily room and board rate or
 2. Approved for the NJ Medicaid Program or
 3. Medicare eligible for room and board
 - b. Note 2: Additionally, applicants must be sixty-five (65) years of age for admission to the Residential Unit.

PRE-ADMISSION REQUIREMENTS

1. Medical Requirements
 - a. You must have a complete medical examination by your own physician within three (3) months prior to your anticipated date of admission. The enclosed Physician's Report Form must be completed and returned to the Home prior to your interview with the Admissions Screening Committee.

- b. Laboratory studies, including a CBC, CMP, urinalysis, chest x-ray, and a two-step Mantoux skin test (PPD) must be completed prior to your anticipated date of admission.
2. In order to provide you with appropriate placement, an interview will be scheduled with the Admissions Screening Committee for any applicant seeking residential placement.
3. You will be required to sign a Durable Power of Attorney granting authority to the individual of your choice. Authority granted must include: handling of all financial affairs, legal affairs, decisions for medical treatment and surgical care. This is required so that in the event you are unable to execute your financial affairs or make decisions regarding your medical care; a designated surrogate decision-maker will act in your behalf. An executed copy of your Durable Power of Attorney must be submitted to the Home prior to admission.
4. It will be requested that you submit an "Advance Directive/Living Will" Declaration. This declaration is an opportunity to indicate your wishes regarding your medical care and treatment.
5. If you have had a dental examination within six (6) months prior to your date of admission, please submit a report of your current dental status.
6. If you have had an eye examination within six (6) months prior to you estimated date of admission, please submit a report of your current vision status.
7. You may not transfer or dispose of any real assets and/or personal property held by you for less than fair market value, for as long as the Admission Application is in process or for the 60 month period prior to the submission of your application according to applicable state statutes and regulations governing third party payors and long term care facilities.
8. As part of our financial assessment, verifying documents such as photocopies much be submitted for all checking and savings accounts and certificates of deposit. Please include a copy of your federal income tax return (1040) for the past year. A financial statement from an auditor must be submitted, if requested.

PROCESSING OF APPLICATION

Once we receive your completed application, which must include a complete financial report, we will send you a letter of receipt. During this time, it is your responsibility to initiate and maintain contact with the Social Work Office regarding your status. Once your application has been approved, you will be placed on the Waiting List.

FINANCIAL ARRANGEMENTS

1. The residents through private resources, insurance benefits, pensions, or third party payors, such as Medicaid, Medicare, Social Security, and/or Supplemental Security Income, meet the cost of care and services. Residents who have private resources (income, property, and/or other assets) are required to utilize those resources for private payment to the New Jersey Eastern Star Home. Our Business Office bills daily room and board charges monthly, in advance. Room and board rates are evaluated by the Administration and Board of Directors annually and reflect cost-of-living guidelines, as well as federal and state inflationary increases affecting the cost of healthcare.

2. All residents are required to post a security deposit equal to one month's room and board charges prior to admission. If a Residential resident subsequently transfers to the Nursing Unit, additional security will be required to equal one month's room and board in the Nursing Unit. The security deposit shall apply unless you are eligible for skilled nursing facility Medicare benefits or nursing facility Medicaid benefits at the time of admission. The security/amount will be deposited in an interest bearing account, and held in escrow to be applied against unpaid financial obligations.
3. Room Rates
 - a. RESIDENTIAL HEALTH CARE FACILITY
Routine service charges are as follows: \$185 per day
 - b. NURSING UNIT
Routine service charges are as follows: \$385 per day

Included in the daily routine service charge are several items not charged for separately. These include: laundry service, housekeeping, incontinency products (nursing unit); incidental medical supplies (bandages, etc) snacks.

Physician services, medications, rehabilitation therapies, special appliances and assistive devices, and special request medicine cabinet supplies are bill separately.

4. Residents who exhaust their private financial resources during their residency in the Nursing Unit at the Home must apply for Medicaid and/or third party payment, as applicable, two months prior to the exhaustion of funds.
5. Residential residents who are members of the Chartered Subordinate Chapter of the Grand Chapter, Order of the Eastern Star of New Jersey, and need additional subsidy during their day, may request funding through our "Home Support" Program. The Home Support Program is funded through the generous efforts of the members of the Order of the Eastern Star of New Jersey.

INVOICES AND LATE FEE

Invoices for monthly services are billed one month in advance and are due upon receipt. A late fee will be calculated on outstanding balances at the end of each month.

Thank you for your interest in the New Jersey Eastern Star Home. We hope that we have provided you with a basic understanding of the admission process.

If you have any questions regarding this information or require assistance, please feel free to contact our Social Services Department (908) 722-4140.

PLEASE PRINT

Name of Person Completing this Application _____

Relation to Applicant _____ Date _____

ADMISSION APPLICATION

1. PERSONAL INFORMATION

Name of Applicant in full _____

Maiden Name _____ Phone Number () _____

Address _____

Street City or Town State Zip Code

With whom do you reside? Name _____ Relationship _____

Social Security Number _____

Date of Birth: Month _____ Day _____ Year _____

Age last Birthday _____ Place of Birth _____

Marital Status: Married ___ Single ___ Widowed ___ Separated ___ Divorced ___

Spouse's Name: _____

2. EASTERN STAR OR MASONIC MEMBERSHIP: YES NO

Chapter _____ Chapter # _____ District # _____

Lodge _____ Lodge # _____ State _____

Date of Initiation _____ Number of years consecutive membership _____

If no, are you related to an Eastern Star Member or Mason? YES NO

Name of Relative _____ Relationship _____

Name of Applicant _____ 2

3. NAMES & ADDRESSES OF CHILDREN

_____ Phone () _____
_____ Phone () _____
_____ Phone () _____
_____ Phone () _____

4. IN CASE OF EMERGENCY, PLEASE NOTIFY

1. Name _____ Home Phone _____ Work _____
Address _____

2. Name Address _____

5. LIFE INSURANCE

Do you have any Life Insurance? ___ Name of Company _____
Policy Number _____ Name of Beneficiary _____
Face Value _____ Cash Surrender Value _____

6. HEALTH INSURANCE

Do you have Medical Insurance? ___ Name of Company _____
Policy Number _____
Do you have Hospitalization Insurance? _____
Name of Company _____
Policy Number _____

7. STATE & FEDERAL HEALTH BENEFITS

MEDICARE Number _____ Do you have Medicare Part B? _____

MEDICAID Number _____ PAAD Number _____

General Assistance Number _____

Have you ever applied and been refused Medicaid/General Assistance? If yes, please explain _____

Please submit a copy of the identifying cards listed above.

8. LEGAL RESOURCES

Do you have an Attorney? _____ Name _____

Address _____ Phone () _____

Note: A Power of Attorney must be signed prior to admission to the Home in the event you are unable to execute your own affairs. Authority granted must include handling of all financial affairs, legal affairs, decisions for medical treatment, and surgical care. You must submit a copy of your executed Power of Attorney to the Director of Social Services prior to admission.

To Whom have you granted Power of Attorney?

Name _____

Address _____

Who will be handling your Finances?

Myself _____ Attorney-in-fact (POA) _____ Other _____

Name of Applicant _____ **4**

If other, please indicate Name and Address to whom your bills should be directed.

Whom have you appointed as Executor of your Last Will and Testament?

Name _____

Address _____

9. ADVANCE DIRECTIVE

Do you have an "Advance Directive/Living Will"? ____ Yes ____ No If so, you will be required to submit a copy prior to admission. You will be provided with information on Advance Directives upon admission.

10. MEDICAL INFORMATION

Doctor's Name _____ Phone No. () _____

Address _____

Are you able to walk independently? _____

Do you use a cane? _____ Walker? _____ Wheelchair? _____

Have you ever been admitted to a psychiatric or mental health facility? _____

If yes, give name, location and date(s). _____

Please list any recent surgery (last 5 years).

Type	Date	Surgeon	Hospital

Name of Applicant _____ **5**

Please list serious illnesses:

Illness	Date	Physician who cared for you
1. _____		
2. _____		

11. FUNERAL ARRANGEMENTS

Funeral Home _____ Director _____

Address _____ Phone No. () _____

Do you own a cemetery plot? ____ Location _____

Town _____ Section _____ Lot _____ Do you have a Deed? _____

Where can Deed be located? _____

Interment requested: Burial ____ Cremation ____ Entombment _____

Services requested _____

Have you arranged a pre-paid funeral? ____ .If so, please submit verifying documents

If you have not made pre-paid arrangements, with whom, if anyone, have you entrusted money for this purpose?

Name _____

Address _____ Phone No. () _____

Funeral expenses will be borne by _____

12. FINANCIAL INFORMATION

A. CAPITAL ASSETS

SAVINGS ACCOUNTS

Name of Institution	Account #	Balance
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CHECKING ACCOUNTS

Name of Institution	Account #	Balance
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CERTIFICATES (list)

Name of Institution	Identification #	Balance
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STOCKS & BONDS

Name of Institution	Shares	Current Value
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Name of Applicant _____ 7

REAL ESTATE (list all properties solely or jointly owned by you)

Address (location) Name(s) on Deed Present Market Value

Is it your intention to sell any of your real estate in the immediate or near future? Please explain. _____

Please submit real estate appraisal if available.

B. INCOME

SOCIAL SECURITY Amount/Month _____

SUPPLEMENTAL SECURITY INCOME (SSI) Amount/Month _____

PENSIONS

Name of Company & Address

_____ Amount/Month _____

_____ Amount/Month _____

ANNUITIES

Name of Company & Address

_____ Amount/Month _____

_____ Amount/Month _____

OTHER INCOME

_____ Amount/Month _____

LIABILITIES (i.e. Mortgage, notes owed, personal debt, please list)

By affixing my signature to this application, I hereby affirm that I have not transferred any real and/or personal assets or property within the last 60-month period, nor will I transfer any real and/or personal property held by me, for less than fair market value, for as long as this application is in process.

In the event that any of my assets or property have been transferred or sold within the last 60 months, I have provided a complete disclosure of such transactions below in the space provided or have attached a complete explanation in an addendum.

Disclosure of all transferred assets: _____

I understand that a transfer of assets or property (without compensation at fair market value) will be considered in determining admission eligibility.

I request consideration for admission to the New Jersey Eastern Star Home with the understanding that all income and real and personal assets belonging to me, the applicant, will be considered available as payment for care and services.

I hereby affirm that the information on this application is true and correct.

Applicant's Signature

_____ day of _____, 2017

Please return to:
Emily Lintag, Clinical Liaison
New Jersey Eastern Star Home, Inc.
111 FINDERNE AVENUE
BRIDGEWATER, NJ 08807