

APPLICATION FOR ADMISSION

**Louis F. Payn
FOUNDATION**



Retirement Residence

TO THE BOARD OF DIRECTORS OF THE LOUIS F. PAYN FOUNDATION:

I, _____, make application for admission to the Louis F. Payn Foundation at 12 Coleman Street, Chatham, NY.

My present address is _____

Telephone _____ Social Security # _____

Relatives, if any, who live in the area:

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____

Personal physician _____

Address _____

TELEPHONE _____

Hospital of preference _____

In an emergency, contact _____

TELEPHONE _____

References (at least two residents of the area who are not relatives)

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

My connection to Columbia County is _____

I have read the guidelines of the Payn Foundation and the Residency Agreement and fully understand them, including the terms and conditions of entrance to the facility. I agree to comply with the guidelines, agreements, and all terms and conditions now or hereafter established by the Board of Directors of the Louis F. Payn Foundation or by the Supervisor(s) of the facility.

Signature _____ Date _____

12 Coleman Street
Chatham, NY 12037
TEL 518-392-4971
www.paynhome.org
info@paynhome.org