



**HAL ADAMS HOSPITAL
FUND APPLICATION**

APPLICANT INFORMATION

Applicant name:

Applicant is a:

Mason

Mason's spouse

Mason's widow

Have you previously applied for or Outreach Services?

Yes

No

If yes, give date(s) applied: ____/____/____

FOR MASONIC OUTREACH USE ONLY

Application number:

Date mailed:

Date application received:

Application approved

Application denied

Date approved/denied: ____/____/____

Recommendations: _____

**HAL ADAMS HOSPITAL
FUND APPLICATION**

DOCUMENT CHECKLIST

Collect the following applicable documents prior to filling out this application. You must also include **COPIES** of all applicable documents listed below with your application. **DO NOT SUBMIT ORIGINAL DOCUMENTS.**

Identification(s)

- Driver's License/Passport/State ID
- Birth certificate or naturalization documents
- Social Security card

Health insurance cards (front & back)

- Medicare Card
- Medicaid Card
- Medicare Supplemental Plan
- Medicare D Prescription Insurance
- VA, Private Health Insurance
- Dental and Vision

Income/Expenses

- Social Security (check stub or award letter)
- Income tax returns last three years if filed (Federal and State)
- Retirement/pension payment stub
Annuity statement(s)

Copies of most recent statements:

- Mortgage statement(s)
- Equity line of credit statement (s)
- Credit card statements (all accts.)
- Car loan (s)
- Medication receipts or pharmacy statements (3-months)

Vehicles—titles and current registration

- Auto Boat RV
- Trailer Motorcycle

**Assets - Account Statements
3-months**

- Checking
- Savings
- Money Market
- Investment Accounts
- Custodial Accounts
- Trust Accounts
- Certificate of Deposit (CD's)
- Brokerage account statement
- Life Insurance policy cover sheet (showing current value and award value)
- Long-term care ins. policy statement

Utility Bills

- 3-month record of variable monthly expenses
- 3-month record of annual bills (non-changing bills)
- 3-months of utility bills (3-months summer an 3-months winter)

Assets - Real Estate page

- Grant deed(s)
- Assignment of deed of trust
- Loan document(s)
- Reverse mortgage documents
- Mobile home certificate of title and current registration

**HAL ADAMS HOSPITAL
FUND APPLICATION**

REPRESENTATIVE INFORMATION

I am filling out this application on behalf of the applicant

Name of person assisting: _____

Relationship: _____

Email: _____ Phone: _____

MASON'S INFORMATION

Please complete the following, including information about the Mason
(even if they are not the applicant):

Mason's Name: _____ Date of birth: _____

Birthplace: _____ Social Security #: _____

Lodge 1: _____ Lodge 2: _____

APPLICANT INFORMATION

Applicant's Name: _____ Date of birth: _____

Birthplace: _____ Social Security #: _____

Current Address: _____

Previous Address: _____

Email: _____ Phone: _____

**HAL ADAMS HOSPITAL
FUND APPLICATION**

MARITAL INFORMATION

Married I have been married _____ times
Spouses Name: _____ Date of birth: _____
Date of marriage: _____ Place of marriage: _____
Spouse's Social Security#: _____

Widower/Widow Date of spouse's death: _____

Divorced Date of divorce: _____

Legally separated Date of separation: _____

Single

LIVING CHILDREN

Child 1: _____ Son Daughter
Address: _____
Phone: _____ Email: _____

Child 2: _____ Son Daughter
Address: _____
Phone: _____ Email: _____

Check here if additional children are listed on notes page (back pages)

EMERGENCY CONTACT

Name 1: _____ Relationship: _____
Address: _____ Phone: _____

Name 2: _____ Relationship: _____
Address: _____ Phone: _____

**HAL ADAMS HOSPITAL
FUND APPLICATION**

MILITARY INFORMATION (MASON)

Mason served in the United States Military

Branch of service: _____ Dates of service: _____

Serial#: _____ Discharge Date: _____

Discharge status: _____

Served during a period of conflict? Yes No

Which period of conflict (which war)? _____

MILITARY INFORMATION (SPOUSE / WIDOW)

Mason's spouse/widow served in the United States Military

Branch of service: _____ Dates of service: _____

Serial#: _____ Discharge Date: _____

Discharge status: _____

Served during a period of conflict? Yes No

Which period of conflict (which war)? _____

WORK / EDUCATION / RETIREMENT

Previous occupation: _____

Last employer: _____ Date of retirement: _____

Education level:

Grade school High school Associate's degree

Bachelor's degree Master's degree Doctoral degree

**HAL ADAMS HOSPITAL
FUND APPLICATION**

MEDICARE / MEDICAID

I am enrolled in Medicare: Part A Part B

Medicare number: _____

I have Medicare Part D (Prescription Coverage)

Company name: _____ Member ID: _____

I am enrolled in Medicare advantage/replacement plan

Company name: _____ Member ID: _____

Plan Type: HMO PPO

I am enrolled in Medicaid Medicaid number: _____

I have applied for Medicaid and my application is pending

Date applied for Medicaid: ____ / ____ / ____

SUPPLEMENTAL HEALTH INSURANCE

Do you have another supplemental health insurance: Yes No

Company: _____ Phone: _____

Membership number: _____ Group member: _____

If premium paid, how often? _____ Amount: _____

I go to the VA for my medical needs

LEGAL

Are you involved in any pending lawsuits? Yes No

If yes, please describe: _____

**HAL ADAMS HOSPITAL
FUND APPLICATION**

RETIREMENT / PENSION

Company: _____	Employee ID#: _____
Address: _____	

INCOME / EXPENSES

Please provide a detailed account of the applicant's income and expenses.

MONTHLY INCOME	
Social Security	
Retirement pension	
Veterans pension	
Railroad	
Dividends	
Interest	
Children's Contributions	
Annuity	
Rental property income	
Royalties	
All other sources	
Total income	

MONTHLY EXPENSES	
Rent/Mortgage	
Care cost/Caregiver	
Health Insurance	
Dental Insurance	
Medications	
Telephone	
Cellphone	
Automobile payments	
Automobile gas/maint.	
Auto Insurance	
Internet/cable	
Food	
Housekeeper	
Utilities	
Debt /credit cards	
Long-term care Ins.	
Life Insurance	
Other:	
Other:	
Other:	
Total expenses	

Total income:	\$ _____
Total expenses:	\$ _____
Subtract total income From total expenses:	\$ _____
<p>This is your net monthly income remaining after all bills and expenses are paid (may reflect a deficit if expenses exceed income).</p>	

**HAL ADAMS HOSPITAL
FUND APPLICATION**

EMERGENCY RELIEF FUND AGREEMENT

I _____ attest that the information I provided is true to the best of my knowledge and agree as follows:

1. I understand that any concealment, disposal, or transfer of my property to avoid conveyance to the Masonic Home approval, or any omission or misrepresentation as to my health, physical condition, financial means or any other fact set forth in my application, shall be sufficient reason to reject my application or to immediately remove me from the Home if I have already been admitted as a resident.
2. The values of assets and personal liabilities listed in this application have been provided by me. By signing below, I acknowledge that these values may change and the actual value of property transferred by me to the Masonic Home cannot be determined until after all such property has been sold or otherwise disposed of.

Mason's Signature: _____ Date: _____

Spouse/Widow's Signature: _____ Date: _____

POA/ Conservator's Signature: _____ Date: _____

DISTRICT DEPUTY GRAND MASTER CERTIFICATE

MY RECOMMENDATION IS: _____

Signed _____, D.D.G.M. District No. _____

Dated at _____ on the _____ day of _____ 20 _____.

