



SAINTS COSMAS and DAMIAN
HUMAN SERVICES CENTER, INC.

2099 FOREST AVENUE
STATEN ISLAND, NEW YORK 10303
(718) 720-8800 or 720-8801
FAX: (718) 447-8095

RESIDENT APPLICATION FORM

Name _____
Last First Middle Initial Maiden

Date _____ Age _____ Birth Date _____

Birth Place _____ Religion _____ Marital Status _____

Occupation _____ Education _____

Current Address _____

City _____ State _____ Zip _____ Tel. _____

Date Admission Desired _____

Closest Living Relative _____ Relationship _____

Address _____

Telephone# Home _____ Business _____

U.S. Citizen _____ Yes _____ No Alien Reg. # _____

Naturalization Certification # _____

Social Security # _____ Social Security Monthly \$ _____

Supplemental Security Income Monthly \$ _____ Pension Monthly \$ _____

Company Name _____

Address at which checks are received or Bank to which direct deposit is made _____

Life Insurance (Cash Value) _____

Savings \$ _____ Checking \$ _____

Name of Bank _____

Other Income and Assets _____

(PLEASE COMPLETE BACK)

Application Form (Page 2)

Medicare # _____

Date Effective: Part A _____ Part B _____

Medicaid # _____

Other Health Insurance # _____

Please attach copy of Social Security, Medicare, Medicaid or all current Health Insurance Cards or bring Cards to Interview to be copied.

Do you have prearranged Burial Plans? _____ Yes _____ No

If yes, Please provide the following information:

Funeral Home Name: _____

Funeral Home Address: _____

Funeral Home Phone #: _____

Cemetery Name: _____

Cemetery Address: _____

Cemetery Phone #: _____

Cemetery Plot # _____

Where is Deed for Plot Kept: _____

Bank Account for Burial Purposes? _____ Yes _____ No

If Yes, Name of Bank: _____

Account # _____

If you have no family and/or no prearranged Burial Plans, we will contact the Public Administrator on Death. However, if you wish to have us assist you, we can provide you with a Last Will and Testament for completion.