

PAYN RESIDENCE

Admission Form

Carefree, affordable, independent senior living

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

I, _____, am applying for admission to The Payn Residence at
12 Coleman Street, Chatham, NY.

My present address is: _____

Telephone Number (_____) _____

RELATIVES WHO LIVE IN THE AREA:

Name	Telephone #	Relationship
_____	_____	_____
_____	_____	_____

IN AN EMERGENCY, CONTACT:

Name _____ Telephone # _____

REFERENCES (AT LEAST TWO THAT LIVE IN THE AREA WHO ARE NOT RELATIVES):

Name _____ Telephone # _____

Address _____

Name _____ Telephone # _____

Address _____

I have read the guidelines of The Payn Residence 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 and 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 (518) 392-4971
info@paynhome.org www.paynhome.org