PHYSICIANS' HOME

515 Madison Avenue, Fl. 8
New York, NY 10022
646-908-2637

staff@physicianshome.org
www.physicianshome.org

Dear Friend,

Thank you for inquiring about Physicians' Home. Enclosed is an application for assistance. Please note the basic eligibility requirements, i.e., having obtained a license to practice medicine in New York State (a Resident in training may be an exception), and having practiced in the State; physician and spouse are considered eligible based on individual circumstances. Assistance is usually in the form of modest financial support.

Please provide enough supporting information so that we have a good picture of your financial need, assets, and associated circumstances. If your situation involves a dependency problem of any type, provide a note from your treating physician or rehabilitation program saying that you are participating in appropriate care is required. The general guideline is for us to help individuals in need to meet basic living requirements.

Please remember to bring the second page of the application to a notary for signature verification. If circumstances make this difficult, e.g. a debilitating illness, you may inform us of such.

New applications are reviewed at regular intervals, so you may hear from us within four to six weeks after the application is received.

Sincerely,

Physicians' Home

Physicians' Home
515 Madison Ave., FL 8 Tel: (646) 908-2637
New York, NY 10022 Fax: (646) 908-3982 Email: staff@physicianshome.org

Physician Spouse Application for beneficiary assistance --

Please note: The doctor referenced below should have had a NY State medical license and practiced in NY State.

1. Your Name: _____ Age: _____ Date of birth: _____

2. Address: (include apt. # and zip code): _____

_____

3. Email address: _____

4. If the above is a NY State address, name the *County:* _____Telephone: _____

5. Are you living by yourself, with family, or friend, or in a group Residence: _____
If you can, please provide name & tel # for a contact person (family, friend, colleague) in the event you cannot be reached: _____

_____

6. Doctor's name: _____
Citizenship [ ] USA [ ] Other [ ] living [ ] deceased

7. Your relationship to the Doctor: _____

8. Was the Doctor ever helped by Physicians' Home: [ ]Yes [ ]No

9. The Doctor's Medical School and Yr. of Graduation: _____

10. Did the Doctor obtain a License to practice Medicine in NY State: [ ]Yes [ ]No
License #, if you can provide it: _____

11. Please indicate his/her field and the approximate dates during which he/she practiced in NY State:

_____

_____

12. On a separate sheet, please provide the following:
a) Describe the circumstances that prompt you to seek assistance from Physicians' Home –
b) Current income each month; for example, social security, salary, pension, disability, int. & dividends; list the income of each person (s) with whom you share your residence;
c) List assets, and state (or estimate) their value; for example, real estate, stocks/bonds, bnk. accts.;

See next sheet

d) List current monthly expenses; for example, rent (or mortgage) utilities, food, medicines;
e) Indicate the amount of monthly assistance you feel you need.

13. Copy of the last income tax, Form 1040, is helpful, and in most cases is needed to help clarify the financial picture, if not submitted with application, it may be requested.

The submitted information is complete and accurate to the best of my knowledge and ability.

I understand the organization may seek to verify the information provided, and I authorize the organization to do so.

I acknowledge that Physicians' Home is formed for charitable purposes, that all decisions on applications are made in the discretion of Physicians' Home upon review of all information submitted, and that Physicians' Home will periodically re-evaluate all applicants in light of updated application information. Physicians' Home reserves the right to amend, withhold or discontinue beneficiary support at our discretion.

Applicant signature _____ **Date:** _____

Signature Verification

ss.: On the _____ day of _____ in the year _____ before me,

the undersigned (applicant's signature above), personally appeared

_____,

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this instrument and acknowledged to me that he/she executed the same in his/her capacity, that by his/her signature on this instrument, the individual executed this instrument, and that such individual made such appearance before the undersigned in City of _____,

State of _____.

Notary signature and stamp _____