NEW JERSEY FIREMEN'S HOME

BYLAWS
&
POLICIES

BY-LAWS

INDEX

BY-LAWS

INDEX

Standing Committees

BY-LAWS

Be it enacted by the Senate and General Assembly of the State of New Jersey:

SECTION I

Section Ten of the act entitled "An Act authorizing a Firemen's Home for the aged, indigent and disabled firemen of this State, and providing for the regulation and Government of such home," approved April second, one thousand eight hundred and ninety-eight, be and the same is hereby amended to read as follows:

Managers: how appointed.

1. The Board of Managers of the New Jersey Firemen's Home shall hereafter consist of one (1) member from each county of the State, except the counties of Essex and Hudson, and two (2) members from each of the counties of Essex and Hudson, one of whom from each such counties shall be a full-paid fireman. The president of the New Jersey State Firemen's Association, the Governor of the State and Commissioner of Banking and Insurance of the State and the Comptroller of the State, respectively; for the time being shall be members of the board of managers by virtue of their office. The elected members of said Board shall be elected by said New Jersey State Firemen's Association in annual convention assembled for a term of four (4) years from the first day of October next succeeding their election and until their successors are elected and qualify; provided, however, that at the first election of managers of said Home after the approval of this act there shall be elected five (5) managers for a period of one year, six (6) managers for a period of two years, six (6) managers for a period of three (3) years, six (6) managers for a period of four (4) years, and thereafter each election shall be for a term of four (4) years, except in case of an election to fill a vacancy as hereinafter provided. Any vacancy occurring among the elected members of said board shall be filled in the following manner. The President of the said New Jersey State Firemen's Association shall appoint from the county in which the vacancy shall occur a successor to serve until the first day of October next succeeding such appointment and at the next annual election of managers by the New Jersey State Firemen's Association there shall also be elected from the county in which said vacancy shall occur a member of said board to serve for the unexpired term of office so vacated. The said managers shall receive no compensation for their service but may be reimbursed for their actual expenses in connection with their duties as managers out of the funds of the Home.

2. The terms of office of all members of the Board of Managers of the New Jersey Firemen's Home serving at the time of the passage of this act shall expire on the thirtieth day of September next succeeding the approval hereof, anything contained in the act to which this act is a supplement notwithstanding, and upon the said date their offices shall be and become vacant and upon the said date their offices shall be and become vacant.

3. This act shall take effect immediately.

ARTICLE I

Meetings

Sec. 1: All regular meetings of the Board of Managers shall be held at the Home Building in the Town of Boonton, New Jersey, unless otherwise ordered by the Board on the second Saturday of January, April, July, and October of each year. The meeting in October shall be the Annual Meeting.

Sec. 2: The Executive Committee shall meet the second Saturday of February, March, May, June, August, September, November, December in the Building of the Home.

Sec. 3: Other meetings may be held by adjournment, on call of the Chairman, or to the Secretary at the written request of five (5) Managers.

Sec. 4: Notices of all meetings shall be mailed by the Secretary to each Manager at least ten (10) days prior to the date and time of such meetings will be stipulated in the notice.

ARTICLE II

Officers – Duties

Sec. 1: Officers shall consist of a Chairman, Vice-Chairman, Secretary, Treasurer, Superintendent under contract, Assistant Superintendent and Assistant Treasurer if full Board desires, each of whom shall hold Office for one (1) year or until their successor is elected or appointed; Except the Chairman, Superintendent under contract, Assistant Superintendent and Assistant Treasurer if full Board desires. The Chairman shall be elected annually for a one (1) year term not to exceed eight (8) years.

Chairman

Sec. 2: The Chairman shall preside at all meetings of the Board of Managers. He s hall decide questions of order, subject to an appeal of the Members of the Board of Managers. Both Chairman (of the Board of Managers and the Executive Committee) shall be ex-officio and voting members of all Committees.

Vice-Chairman

Sec. 3: The Vice-Chairman in the absence of the Chairman s hall be vested with all powers of that Office. He will perform other duties as directed by the Chairman. In the event that both Officers are absent, the Secretary will call the meeting and ask for a Chairman Pro-Tem.

ARTICLE II

Secretary

Sec. 4: The Secretary shall keep accurate minutes of the proceedings of the Board of Managers and the Executive Committee and shall forward copy of the minutes to each Manager, and shall have charge thereof, all the papers and documents which shall be required to be filed. All papers and documents relating to the Home to be kept at the Home at Boonton in a safe or files provided for that purpose.

Treasurer

Sec. 5: It shall be the duty of the Treasurer to receive, hold and disburse all money appropriated or donated for the support and maintenance of the Home, or received from any source by said Home, for the use and benefit of said Home. Upon the refusal of the Chairman of a sub-committee who may have incurred the bill, to indicate by his signature the correctness of same for passage and payment, the matter should then be referred to the Executive Committee and a two-thirds vote of the members resent in the affirmative shall be had for the passage of same. The Treasurer shall report to the Board of Managers at each regular meeting the financial condition of said Home, and furnish a statement of all money received and disbursed by him during the preceding quarter. He shall obtain a bond, the amount to be set by the Auditor, from some bonding corporation to be approved by the Board of Managers of said Home, to whom said bond shall be issued, the premium for said bond to be paid by the Treasurer in regular form from the funds of said Home.

Assistant Treasurer/Secretary *

Sec. 5A: The Assistant Treasurer/Secretary not called for under Article II Section 1 in the absence of the Treasurer/Secretary shall be vested with all the powers of that Office. He will perform certain duties as asked by the Treasurer/Secretary.

*if needed

Superintendent

Sec. 6: The Superintendent shall serve a one (1) year performance evaluation term. If satisfactory, he may be elected to serve until he shows cause to be replaced. At age 70, he will be appointed for a one (1) year term or until replaced by another candidate.

It shall be the duty of the Superintendent to submit to the Board of Managers or the Executive Committee at their regular meeting, his report of the Home for the preceding month.

He shall be responsible for the duties as outlined in the New Jersey Firemen's Home Personnel Policy and Procedures, dated 8 July 1989, page 4, Section 2:1, Superintendent, and the New Jersey Statute 30, Chapter 7, New Jersey Firemen's Home, Section 30:7-4 Powers and Duties of Superintendent, 30:7-4-5 Superintendent to be Accountant, Residence (if directed), Purchases, and Disbursements.

ARTICLE II

Assistant Superintendent, if needed by the Board

Sec. 7: The Assistant Superintendent shall serve a one (1) year performance evaluation term. If satisfactory, he may be elected to serve until he shows cause to be replaced. At age 70, he will be appointed for a one (1) year term or until replaced by his successor.

It shall be the responsibility of the Assistant Superintendent to assume the duties of the Superintendent as outlined in the New Jersey Firemen's Home Personnel Policy and Procedures, dated 8 July 1989, page 6, Section 2:2, Assistant Superintendent.

ARTICLE III

Board of Managers

Sec. 1: The Board of Managers shall annually on or before the first day of January in each year, report to the Governor, an estimate of the cost and expense of managing and conducting said Home for the succeeding year; also a detailed statement of all money received, whence received and how disbursed or expended; also, of gifts of supplies, materials or other things received, from whom received, and how the same were used or appropriated; also the number of patients or guests for the preceding year, the average expense of such patients or guests, the number decreased or discharged, and generally all matters and things relating to the government, management, conduct and control of said Home.

Sec. 2: To provide the money and means necessary to govern, manage, conduct and sustain said Home, said Managers may receive bequests or devices for the use and benefit of said Home, and the same invert, sell, convey, use or otherwise apply for the benefit of said Home, as said Managers, may deem proper; said Managers may also receive voluntary contributions of money or any article of food or material or merchandise of any kind from any person or corporation to be used and applied in and about the proper management, care and conduct of said Home; in addition thereto, the Commissioner of Insurance shall from time to time, in each and every year, out of the said monies mentioned and referred to in section five, six and twenty of an act to incorporate the New Jersey Firemen's Home, approved April 2nd, 1898, pay over to the Treasurer of said Managers upon demand and requisition of said Managers, such sum or sums of money as said Managers may by resolution demand and require for the proper government, management and conduct of Home and the care and comfort of its patients and guests, provided such resolution be approved by the Governor; after the demands and requirements of said Home upon said monies in any year shall have been met and discharged or provided for.

ARTICLE IV

Executive Committee

Sec. 1: The Executive Committee shall consist of the Chairman, Vice-Chairman, Secretary and Treasurer of the Board of Managers and five (5) Managers who shall be elected by the Board of Managers at the annual meeting in October. The Executive Committee shall elect their own Chairman and Vice-Chairman.

Sec. 1-A: The Executive Committee shall be vested with the full powers of the Board of Managers in all matters where the Managers shall not have otherwise ordered or determined. The record of their proceedings shall be reported at each meeting of the Board of Managers and a copy to be sent to each member of the Board of Managers.

ARTICLE V

Standing Committees

The following Standing Committees shall be appointed by the Chairman of the Board of Managers or his designee:

Sec. 1 Building and Grounds Committee

Sec. 2 Auditing/Finance Committee

Sec. 3 Insurance Committee

Sec. 4 Application Committee

Sec. 5 Employees Committee

Sec. 6 Legislative Committee

Sec. 7 By-Laws Committee

Sec. 8 Museum Committee

Sec. 9 Inspection Committee

Sec. 10 Pension Committee

Sec. 11 Inventory Committee

Sec. 12 Special By-Laws

Sec. 13 Secretary of Board of Managers SOG's

ARTICLE VI

Order of Business

Sec. 1. The order of business at the meeting of the Board of Managers, except when otherwise ordered, shall be:

1. Call Meeting to Order
2. Salute to the Flag
3. Prayer
4. Roll Call
5. Reading of the Minutes
6. Communications / Reports
7. Secretary
8. Treasurer
9. Superintendent
10. Other: Standing Committees
11. Buildings and Grounds
12. Application
13. Employees
14. Finance
15. Insurance
16. Legislative
17. By-Laws
18. Museum
19. Inspection / Special Committees
20. State Firemen's Association
21. State Advisory Council
22. Other
23. Unfinished Business
24. New Business
25. Payment of Bills
26. Budget
27. Motions and Resolutions
28. Good and Welfare
29. Anything else to come before the Meeting
30. Adjournment

REORGANIZATION MEETING

1. Call meeting to Order
2. Roll Call
3. Welcome to Managers
   List Names and Counties
   New and Re-elected
   Full and Unexpired Terms
4. Communications
5. Unfinished Business/Nomination and election of Officers
6. New Business/Installation of Officers
7. Appointment Committees
8. Anything to come before the Meeting
9. Adjournment

Sec. 2. The yeas and nays shall be recorded on all questions involving the appropriation of money of $1,000.00 or more, and upon all other questions on request of one Manager with exceptions to Chap. V, Sec. I-A as written.

Sec. 3. All resolutions shall be in writing with the name of the Manager offering the same.

Sec. 4. All reports shall be signed by a majority of the committee to whom the subject matter was referred; the Board of Managers or the Executive Committee may however, in an emergency, receive and act upon any report when this provision cannot be complied with by reason of the non-attendance of members.

Sec. 5. The name "New Jersey Firemen's Home" to be placed on all automobiles, farm machinery, tools, etc., belonging to the Home.

Sec. 6. All purchases of supplies and equipment amounting to less than $3,900.00 (as reflected in Building & Grounds) shall be made on requisition of the Chairman of the Sub-Committee or the Superintendent, by the Executive Committee or Board of Managers to the lowest responsible bidder.

Sec. 7. No purchase or contracts shall be made for the use of the Home without the proper sanction of the Committee having jurisdiction over same, and the approval of the Board of Managers or the Executive Committee.

Sec. 8. No money shall be appropriated out of the funds of the Home in the hands of the Treasurer, except for the normal maintenance and administration of the Home in the accordance with the law.

Sec. 9. Ten (10) members of the Board of Managers or a majority of the Executive Committee, respectively, shall constitute a quorum for the transaction of business.

Sec. 10. The By-Laws of the New Jersey Firemen's Home may be amended at a full Board meeting of the Board of Managers by a vote of two thirds (2/3) of the Managers present and voting, provided that written notice of such proposed by-law amendment has been mailed to each Manager thirty (30) days prior to the Full Board meeting.

Sec. 11. All changes/amendments to the RULES, REGULATIONS AND BENEFITS of the New Jersey Firemen's Home shall have at the bottom of each sheet the day, month, and year of such change.

NEW JERSEY

STATUTES ANNOTATED

Titles 28-30

Historic Memorials, etc.
to
Institutions and Agencies

SUBTITLE 5
OTHER INSTITUTIONS IN GENERAL

CHAPTER 7
NEW JERSEY FIREMEN'S HOME

Sec.

Validating Act

The following validating act not included in the Revised Statutes of 1937, has not been repealed thereby:

L 1899, c 20, §§ 1, 2, pp. 31 to 34 validating purchases of certain homestead property for a firemen's home and ratifying certain contracts relating thereto.

30:7-1. Board of Managers of Firemen's Home

The Board of Managers of the New Jersey Firemen's Home is hereby constituted an agency within the State Department of Institutions and Agencies and, notwithstanding the provisions of any other law to the contrary, shall consist of the President of the New Jersey State Firemen's Association, the Governor of the State, the State Commissioner of Banking and Insurance and the State Comptroller and one member elected from each county of the State and one additional member who shall be a fully paid fireman, elected from each of the counties of Essex and Hudson. (The President of such Firemen's Association, the Governor, the Commissioner of Banking and Insurance and the State Comptroller, respectively, for the time being, shall be ex-officio-members of the Board of Managers.)

The elected members shall be elected by the New Jersey State Firemen's Association in annual convention assembled. They shall hold office for a term of four (4) years from the first day of October next succeeding their election and until their successors are elected and qualify.

A vacancy occurring among the elected members other than by expiration of a term shall be filled as follows: The President of the New Jersey State Firemen's Association shall appoint from the county in which the vacancy occurred a successor to serve until the first day of October next succeeding the appointment and at the next annual meeting of the Association there shall be elected from the county in which the vacancy occurred a member to serve for the balance of the unexpired term.

The members shall receive no compensation for their service but may be reimbursed their actual expenses in connection with their duties as managers from the funds of the Home. As amended L. 1948, c. 87, p. 497, R 4.

Library references: Asylums 0—2; C.J.S. Asylums § 4.

Historical Note

Source. L.1898, c. 127, § 10, p.214 (C.S. p. 2459, § 504), as am. By L. 1914, c. 11, § 1, p. 24, L.1923, c. 127, § 1, p. 270 (1924 Suppl. §78-504)

30:7-2. Powers and Duties of Managers

Notwithstanding the provisions of any other law to the contrary, the Board of Managers shall govern, manage and conduct the New Jersey Firemen's Home, and subject to the approval of the Governor, direct and control its property and concerns, make by-laws, rules and regulations and determine the compensation, duties and term of service of its officers and employees. As amended L. 1948, c. 87, p. 498, § 5.

Library references: Municipal Corporations o=200(1); C.J.S. Municipal Corporations §§ 614. 614.

Historical Note

Source: L. 1898, c. 127, § 11, p. 214 (D.S. p. 2460, § 505)/

30:7-3. Superintendent, Treasurer and Other Officers and Employees; Bonds

The Board of Managers of the New Jersey Firemen's Home shall designate a Chairman, a Secretary and Treasurer and, subject to the Governor's approval, appoint a Superintendent and such other officers, assistants and attendants as may be necessary and proper.

The Treasurer shall enter into bond to the Board of Managers for the faithful performance of the duties of his office in such sum and with such sureties as the Board shall require and approve.

The Superintendent and other officers may be required to give bond in such sum and with such sureties for the faithful performance of their respective duties as the Board shall require and approve.

Failure of the Treasurer or other officer to give the required bond shall vacate his office.

Library references: Asylums o= 4; C.J.S. Asylums § 6.

Historical Note

Source. L. 1898, c. 127, § 12, p. 214 (C.S. p. 2460, § 506).

Cross References

Prosecution of official bonds, see § 2A:27-1 et seq.

30:7-4. Powers and Duties of Superintendent

The Superintendent shall be the chief executive officer of the New Jersey Firemen's Home and shall have the general management and care of the buildings, grounds, furniture, fixtures and stock, and the government, direction, care and treatment of inmates and patients and of the officers, assistants and attendants, subject to the general control of the Board of Managers and in pursuance of the by-laws, rules and regulations established by the Board and he shall keep a correct and proper diary and record of all his official acts and transactions.

Historical Note

Source. L. 1898, c. 127 § 13, p. 215 (C.S. p. 2460, § 507)/

30:7-5. Superintendent to Be Accountant; Residence; Purchases and Disbursements

The Superintendent shall be a competent accountant and chief financial agent of the New Jersey Firemen's Home. He shall purchase all necessary clothing, provisions, materials and supplies subject to the approval of the Board of Managers and its rules and regulations. He shall keep the accounts of the Home and of all receipts and disbursements and financial transactions relating thereto. All purchases shall be made for cash and not on credit and a voucher for each purchase shall be taken duly filled up at the time it is taken, and an abstract of the vouchers verified on oath or affirmation stating that the money was paid and the vouchers taken and filled up at the time of their date shall be presented with the accounts of the Superintendent.

The Superintendent shall, at all times, reside at the Home as the Board may direct.

Historical Note

Source. L. 1898, c. 127, § 14, p. 215 (C.S.P. 2460, § 508)

Section 1. **Building and Grounds**

1-a **Responsibilities and Duties**

Section 1-a Building and Grounds Committee to consist of not less than 5 members;
Shall meet at least once per month;
They shall also have:

[a] work in conjunction with the Superintendent, Chief Financial Officer and Foreman of Maintenance, regarding all maintenance of the building and the grounds, which include, but are not limited to:

- Scheduled maintenance
- Emergency maintenance
- All projects performed by contractors
- All purchasing for maintenance - included, but not limited to:
  Purchase of vehicles, maintenance equipment, power plant equipment, construction material.
- Maintaining of specifications and drawings of the Facility
- Required ongoing scheduled maintenance of vehicles, maintenance equipment, and power plant equipment.

[b] review procedures prepared by the Superintendent for Standard Operating Guidelines (SOG) and Standard Operating Procedures (SOP). SOG's are guidelines for operation and SOP's are required for all operations regarding Board resolutions and State statutes.

[c] maintain a perpetual five-year plan for operations.

[d] prepare yearly budget for consideration by the Finance Committee.

[e] prepare budgetary estimates as requested for the Board of Managers.

[f] By-Laws are to be updated as required but updated no later than two years.

[g] procedures, State statutes, Board resolutions will be updated and will be included in the By-Laws.

[h] award of contracts for purchases of goods and/or services shall be made in accordance with policy and guidelines for bidding and contracting as adopted by the Board of Managers of the New Jersey Firemen's Home.

Section 1. **Building and Grounds**
1b **Purchase Order Procedure**

1. B&G requests the Board to proceed with a budgeted project.

2. An engineer/architect (if required) is obtained. Negotiations for architect/engineer to be by the Chairman of B&G and CFO.

3. Construction drawings and technical specifications (including warranty requirements) shall be prepared in accordance with architect/engineer/B&G requirements. Director of Maintenance shall be responsible for all coordination between the architect/engineer and B&G Chairman.

4. Upon completion of drawings and specifications and approval by DCA (if required) couple with boilerplate non-technical requirements, the CFO will obtain quotes/bids. Quotes/bids shall be in accordance with NJS public bid laws and NJFH policies.

5. A quote is for a dollar amount from $5,400 to $36,000 (minimum three quotes required) and a bid is over $36,000. If a low quote is greater than $36,000, bid shall be required. If a low bid is less than $36,000, the bid will be valid.

   The NJFH need not take the lowest quote/bid as long as there is a valid reason for not taking the lowest quote/bid, and the reason for not taking the lowest quote/bid is placed upon the record.

6. All estimates requiring labor for quotes/bids shall be Prevailing Wages.

7. All material will be in accordance with the technical specifications.

8. All quotes and bids shall be reviewed by the CFO, B&G Chairman, Director of Maintenance, architect/engineer, if required, and our attorney. The low qualified quote/bid will be recommended to the Board for their approval at the immediate next Board or Executive Meeting by the B&G Chairman.

9. A file with the purchase order (including all quotes/bids, drawings, specifications in which a paper history shall be maintained by the Chief Financial Officer. Additionally the purchase order is to be entered into our software.

10. Change notices to the contract shall be in accordance with the B&G Change Notice Procedure and that contained in any bid specification.

11. There will be situations where deviations of the above procedure will be required. These deviations shall require Board /Executive Committee approval.

Revised: January 12, 2013

Section 1. **Building and Grounds**
1b **Purchase Order Procedure (continued)**

12. Emergency maintenance purchase orders (labor/material) shall be in accordance with "Emergency Procedures Section."

13. Yearly maintenance contractors shall be in accordance with "Yearly Maintenance Contract Procedures" section.

BIDDING AND CONTRACTING RULES AND REGULATIONS FOR THE NEW JERSEY FIREMEN'S HOME

1. **PURCHASES OF $3,900 AND UNDER THE STATUTORY AMOUNT (SOLICITATION OR INFORMAL QUOTATIONS)**

   For purchases that are between $3,900.00 and the statutory amount specified by **N.J.S.A. 40A:11-3(a)**, the Department Head with the Superintendent's approval shall seek informal quotations from at least three (3) vendors. Purchases shall be made from the lowest qualified responsible vendor that provides the most advantageous quote to the Firemen's Home. Also, if a reasonable effort to seek at least three (3) quotations does not produce three (3) actual quotes, then it shall be considered that the requirements for obtaining quotations shall have been met. A written record of all the quotes solicited and a written record of all the verbal or written quotations received shall be maintained by the Superintendent's Office.

2. **PURCHASES OF THE STATUTORY AMOUNT AND OVER (FORMAL PUBLIC ADVERTISED BIDS)**

   For purchases that exceed the statutory amount **as specified** by **N.J.S.A. 40A:11-3(a)** the Home shall advertise for sealed bids to be received on a s specific date which shall contain a requirement that the bidder provide a security bond or a certified check in the amount of 10% of the total bid submitted. The public advertisement for the bids shall be placed in the newspaper at least ten (10) days prior to the date the bids are to be received. **A qualified responsible bidder** shall be selected from all the bids received. The **qualified responsible bidder** receiving the award shall be required to supply a performance bond to assure their performance. Upon completion of the agreement or contract for work or services performed, the vendor will be required to post a maintenance bond with the Home.

3. **EXCEPTIONS TO SOLICITATION OF INFORMAL QUOTES AND FORMAL ADVERTISED BIDS.**

   Purchases, contracts or agreements for the following subjects/items may be made, negotiated or awarded by the Executive Committee or the full Board of Managers by resolution at one of their scheduled meetings without getting informal quotes or formal public advertising for bids:

a. Professional Services

1. Services rendered or performed by a person authorized by law to practice a recognized profession.

2. Services performed by a person whose practice is regulated by law.

3. Services rendered in the performance of work that is original and creative in character in a recognized field of artistic endeavor.

b. Extraordinary, Unspecifiable Services – (EUS)

1. Services which are specialized and qualitative in nature.

2. Services that require expertise and extensive training.

3. Services that are to be performed by individuals who have a proven reputation in the particular field of endeavor.

4. Goods and services that cannot be reasonably described by written specifications.

c. Work by Employees

1. The doing of any work by employees that are on the payroll of the New Jersey Firemen's Home.

d. Food Supplies

1. Perishable food supplies for the kitchen.

e. Public Utility Services

1. The supplying of any product or the rendering of any service by a public utility, which is subject to the jurisdiction of the Board of Public Utilities, in accordance with tariffs and schedules of charges made and exacted, filed with said Board of Public Utilities.

f. Specialized Equipment Repair

1. Specialized equipment repair service that is in the nature of extraordinary, non-specifiable service and also the necessary parts furnished in connection with such service.

g. Energy Conservation

1. Performance of work or services or the furnishing of materials, supplies or equipment for the purpose of conserving energy in buildings owned by the Board of Managers.

h. Insurance Services

1. Including the purchase of insurance coverage and insurance consultant services.

i. Legal Notices

1. The publishing of legal notices in newspapers as required by law.

j. Governmental Services

1. Contracts with the federal, state county or municipal governments.

k. Emergency Purchases and Contracts

1. An actual or imminent emergency must exist requiring the immediate delivery of an article or the performance of a service.

2. An emergency exists when a situation affects the health or safety of the occupants of the Firemen's Home property and requires the immediate delivery of an article or the performance of a service.

l. Purchases Through the Division of Purchase and Property

1. The New Jersey Firemen's Home may purchase any materials, supplies or equipment pursuant to a contract for such materials, supplies or equipment entered into on behalf of the State of New Jersey by the Division of Purchase and Property without advertising for bids.

4.WAIVER OF BIDDING PROCESS

No exception to the above bidding process may occur without a majority vote of the Board of Managers / Executive Committee of the New Jersey Firemen's Home.

Section 1. **Building and Grounds**
1c **Public Bidding Threshold**

PUBLIC BIDDING THRESHOLD

Bid Threshold: $36,000.00

Quote Threshold: $5,400.00

The revisions to the bidding procedure will permit the sum listed as the threshold for formal bidding to be automatically changed when the State and Treasury Department increases its threshold bid amount.

Additionally, the revision to selecting "a qualified bidder" as opposed to the lowest responsible bidder permits some limited flexibility to the Board of Managers in deciding whom to award the bid. The *"Local Public Contracts Law"* requiring award to the "lowest responsible bidder" does not apply to a State agency. This permits consideration of such critical factors as experience, references and business history to be considered.

Section 1. **Building and Grounds**

1d **Yearly Maintenance Contract/Procedure**

In order for the Home to conform to State Regulations and prevent any interruption of services to the Guests of the Home, it has annually employed contractors of the type listed below. The reason for these maintained agreements is to insure that vital parts of the operation remain in operation and prevent us from having to report to the State any items under their 5-hour outage regulation. In addition this ensures that critical operations of the Home are operational for safety reasons along with vital needs of the Guests.

For each fiscal year, the following is the list of the type of contractors that are used by the Home to perform monthly/quarterly/annual inspections in order to comply with State regulations:

1. quarterly inspections/test fire alarm system
2. quarterly inspections/test sprinkler suppression system
3. monthly inspections/test for elevator
4. quarterly inspections/test for generators
5. quarterly cleaning of the laundry dryer vent/kitchen hood
6. summer maintenance for boilers open for annual inspection
7. bi-monthly building inspection/pest control
8. quarterly washing machine and dryer service
9. monitor of fire/burglar alarm (central station)

The above services have an annual contract with the Home for purposes of inspections and tests. All other work done on an emergency basis will cost additional time and material unless it is specifically worded in the contract. Most pumps and motors will not be covered unless they have been recently installed and are still under the common one year warranty.

Contracts are reviewed by the Director of Maintenance, Chief Financial Officer, Building & Grounds Chairman and Home attorney and will be recommended to the Board/Executive Committee for their approval annually by resolution.

Section 1. **Building and Grounds**

1e **Purchase Orders Less than $5,400**

All purchase orders less than $5,400 shall be approved by the Board/Executive Committee [refer to Section "Purchases of $5,400 and under the Statutory Amount - Solicitation of Informal Quotations] with the following exception:

> At the recommendation of the Director of Maintenance with the compliance of the Chief Financial Officer and Building & Grounds Chairman, shall have the authority to approve purchase orders less than $5,400 without prior Board/Executive Committee approval, if the purchase is required for emergency/maintenance or for ongoing NJFH maintenance.

Section 1. **Building and Grounds**

1f **Emergency Purchase Order Procedure**

In case of an emergency, which will affect the operation/Guests of the Home, the Superintendent, with the approval of the Chairman of the Board, has the authority to immediately proceed with the necessary corrections. The Public Bid Laws shall not apply. In the absence of the Chairman of the Board, the Chairman of the Executive Committee shall have the authority and the Director of Nursing in absence of the Superintendent.

Section 1. **Building and Grounds**

1g **Change Order Procedure**

1 **Policy:** It is the policy of the Board of Managers and the New Jersey Firemen's Home that, in order to insure the integrity of the paid contract or quote, a change order is to be issued for any change made with a contractor or vendor or whoever is performing work for the New Jersey Firemen's Home. This unilateral written order by the Home or the persons performing the work directs the contractor to change contract amounts, requirements or time. Such changes must be within the scope of the contract or agreement in accordance with the change clause to be legally implemented without the consent of the contractor or bidder.

A Change Order must be signed by the contractor and NJFH, making it mandatory for signatures of both parties for a Change Order to occur.

2 **Definition and Scope:** A change order is work that is added to or deleted from the original scope of the work of a quote or contract, which alters the original contract amount or completion date. A change order may compel a new project to handle significant changes to the current project. Change orders are common to most projects and are very common with large projects. After the original quote, bid or agreement is formed with the total price and specific work to be completed, the Home may decide that the original plans do not best represent the definition for the finished project. Thus, the Home will suggest an alternate approach.

3 **Causes:** Common causes for change orders to be created are:

- The project was incorrectly estimated.
- The Home and/or the vendor discover obstacles or possible deficiencies that require them to deviate from the original plan.
- During the course of the project, additional features or options are perceived and requested.
- Materials are delayed.
- The Home will typically generate a change order that describes the new work to be done or omitted in some cases, and the price to be paid for this new work or credit. Once this change order is submitted and approved, it generally serves to alter the original contract such that the change order now becomes part of the quote or the contract.

Section 1. **Building and Grounds**
1g **Change Order Procedure (cont'd)**

4. Level and Approval:

a. **Less than $5,400:** prior to acceptance, all change orders shall be approved at the Board/Executive Meeting with the following exception. At the recommendation of the Director of Maintenance and with compliance of the CFO and B&G Committee Chairman or representative shall have the authority to approve minor change orders not to exceed $5,400 without prior Board/Executive approval. This is required to facilitate the project. The vendor shall submit a formal change order which shall be signed by the CFO, B&G Committee Chairman and the Director of Maintenance. The change order shall be formally approved at the immediate next Board/Executive Meeting.

b. **Greater than $5,400:** prior to acceptance, all change orders shall be approved by the Board/Executive Committee.

5. Negotiations: all negotiations for contract change orders shall be under the direct jurisdiction of the CFO, B&G Chairman and the Director of Maintenance.

NEW JERSEY FIREMEN'S HOME
CHANGE ORDER

DISTRIBUTION TO:
Building & Ground _____
Architect _____
Contractor _____
CFO/NJFH _____
Committee Chairman _____
Solicitor _____

PROJECT:
(Name and Address)

TO: (Contractor)

Change Order No: _____
Initiation Date: _____
Architect's Project No.: _____
Contract For: _____
Contract Date: _____

You are directed to make the following changes in this contract:

_____

Not valid until signed by both the Owner and the Architect
Signature of the Contractor indicates his agreement herewith, including any adjustment in the Contract Sum or Contract Time

_____

The original (Contract Sum) Guaranteed Maximum Cost) was.....$_____
Net change by previously authorized Change Orders.....$_____
The (Contract Sum) (Guaranteed Maximum Cost) prior to this Change Order was..$_____
The (Contract Sum) (Guaranteed Maximum Cost) will be increased (decreased) (unchanged) by this Change Order.....$_____
The new (Contract Sum) (Guaranteed Maximum Cost) including this Change Order will be.....$_____
The Contract Time will be (increased) (decreased) (unchanged) by.....(_____) days
The Date of Substantial Completion as of date of this Change Order therefore is.....
Authorized:

ARCHITECT	CONTRACTOR	OWNER	BOARD OF MANAGERS
Address	Address	Address	Address
By	By	By	By
DATE	DATE	DATE	DATE

Section 1. **Building and Grounds**
1h **Purchase Order Format**

Policy: Any and all items purchased for the NJFH require that a purchase order be completed. In addition, all proposed projects must have a purchase order assigned for the total bid amount.

Normal Purchases: relevant information is provided under the terms, product description, cost, date of delivery, means of transportation fields, etc. contained on the Peach Tree purchase order screen.

Bid Project: enter the description of the project on the Peach Tree purchase order screen. If the project is under the bid amount, fill in the description and also attach copies of the three estimates which were used to determine the vendor for the project.

Approval: The purchase order is signed-off by the appropriate parties and distributed as per color-coded pages.

SAMPLE NEWSLETTER NOTICE & INSTRUCTION TO BIDDERS

PUBLIC BID NOTICE FOR

RENOVATION OF DORM D

Individual contracts for Carpentry, Electrical, Plumbing, Heating/Ventilation/Air Conditioning And Flooring Work

OF THE NEW JERSEY FIREMEN'S HOME

BOONTON, NEW JERSEY

NOTICE is hereby given that sealed bids for Renovation Project of Dorm D – Separate Bids will be received for: (1) Carpentry; (2) Electrical; (3) Plumbing; (4) Heating/Ventilation/Air Conditioning; and (5) Flooring Work on Wednesday, September 21, 2010 at 10:00 a.m. at the New Jersey Firemen's Home, 565 Lathrop Avenue, Boonton, NJ 07005 at which time said bids will be opened and read in public.

Specifications and bid forms are on file in the office of Superintendent of the New Jersey Firemen's Home, Hugh E. Flood, and may be obtained by prospective bidders at such office during regular business hours 9:00 a.m. to 4:00 p.m. – Monday through Friday beginning August 20, 2010.

A MANDATORY PRE-BID INSPECTION REVIEW MEETING WILL BE HELD AT THE NEW JERSEY FIREMEN'S HOME AS FOLLOWS:

Tuesday, August 31, 2010 at 9:00 A.M. – Carpentry
Tuesday, August 31, 2010 at 1:00 P.M. – Electrical
Tuesday, August 31, 2010 at 3:00 P.M. – Plumbing
Wednesday, September 1, 2010 at 9:00 A.M. – Heating, Ventilation and Air Conditioning
Wednesday, September, 1, 2010 at 11:00 A.M. – Flooring

FOR QUESTIONS OR DIRECTIONS, PHONE HUGH E. FLOOD, SUPERINTENDENT AT 973-334-0024

Each separate bid must be accompanied by a certified check or bid bond in the amount of 10% of the total bid. Each bid must be separately enclosed in a sealed envelope addressed to: New Jersey Firemen's Home, ATTN: Hugh E. Flood, Superintendent, 565 Lathrop Avenue, Boonton, NJ 07005.

All bidders must meet equal employment opportunity requirements of P.L. 1975, C. 127 as applicable.

The New Jersey Firemen's Home reserves the right to reject any and all bids and to waive informalities as the interest of the New Jersey Firemen's Home may require.

The New Jersey Firemen's Home is not responsible for loss or destruction of any bids mailed or delivered to the Superintendent prior to the time set for the bid opening.

By order of the Board of Managers of the New Jersey Firemen's Home

HUGH E. FLOOD, Superintendent
New Jersey Firemen's Home

Auditing/Finance Committee

Sec. 2: An Auditing/Finance Committee to consist of not less than five (5) members. *

Sec. 2-A: The Auditing/Finance Committee shall examine the books and vouchers prior to each regular Board of Managers meetings, and report the result of their examinations to the Board, which report shall be filed.

Also they shall:

- Recommend
  - Guest money for Medical Accounts
  - Payment from Christmas Fund
  - Future changes in Guest Reimbursements
- Aid-Set-Up-Maintain
- (With Treasurer and/or Auditor)
  - Annual Budget
  - Bill payment and listing
    - By Committees
    - For Minutes
  - Systems
    - Bookkeeping
    - Accounts
      - Banks – S & L Associations
      - General
        - Check – Savings
      - Capital
        - Savings
      - Payroll
    - Vouchers
      - Requisition
      - Purchase
      - Payment

Section 2. **Auditing/Finance Committee**

2a **Responsibilities/Duties**

1. To receive, hold and disburse all monies appropriated or donated for the support and maintenance of the Home.
2. Examine the books and vouchers prior to each regular meeting and report to the Board of Managers the financial condition of said Home, and furnish a statement of all monies received and disbursed by the Home for the prior month's operations.
3. Preparation of the Annual Budget and overseeing to its operations.
4. Responsible, through the Treasurer's Office, for handling the annual audit done by the Home's outside auditors.
5. The Finance Committee will review the monthly vouchers as covered in Section 2, Article V.

NEW JERSEY'S FIREMENS HOME
2009-2010 Budget Report
Combined Statement of Revenues and Expenses
July 1, 2010 - December 31, 2010

DESCRIPTION OF REVENUES	Current Month Budget - Approp.	Actual	Balances Over or <Under>	Year to Date Budget-Approp.	Year to Date Actual	Balances Over or <Under>
Revenues						
NJSFA-(Title 54.18-8)	$ 597,050.00	$ 597,050.00	$ -	$7,164,600.00	$7,164,600.00	$ -
Operating Fund Surplus Appor.	$ -	$ -	$ -	$0.00	$0.00	$ -
Resolution	$ -	$ -	$ -	$0.00	$0.00	$ -
Room & Board	$ 59,500.00	$ 52,923.84	$ (6,576.16)	$714,000.00	$317,901.37	$ (396,098.63)
Contributions	$ 5,833.33	$ 350.00	$ (5,483.33)	$70,000.00	$1,613.60	$ (68,386.40)
Genreral Interest	$ 7,916.67	$ 4,398.70	$ (3,517.97)	$95,000.00	$32,783.92	$ (62,216.08)
Medical Interest	$ 3,333.33	$ 205.21	$ (3,128.12)	$40,000.00	$3,438.18	$ (36,561.82)
Craft Sales & Rental	$ -	$ 561.00	$ 561.00	$0.00	$3,302.00	$ 3,302.00
Dedicated Contributions	$ -	$ 10,000.00	$ 10,000.00	$0.00	$26,050.00	$ 26,050.00
Total Revenues	**$ 673,633.33**	**$ 665,488.75**	**$ (8,144.58)**	**$ 8,083,600.00**	**$7,549,689.07**	**$ (533,910.93)**
DESCRIPTION OF EXPENDITURES	**Est.Current Month Budget-Approp.**	**Actual**	**Balances <Over> or Under**	**Year to Date Budget-Approp.**	**Year to Date Actual**	**Balances <Over> or Under**
Expenses						
Salaries-Administration	$ 29,948.75	**$ 29,663.52**	**$ 285.23**	**$ 359,385.00**	**$184,298.56**	**$ 175,086.44**
Salaries-Maintance	$ 23,887.50	**$ 21,548.86**	**$ 2,338.64**	**$ 286,650.00**	**$135,754.43**	**$ 150,895.57**
Salaries-Medical and Patient	$ 233,247.08	**$ 219,348.94**	**$ 13,898.14**	**$ 2,798,965.00**	**$1,457,246.21**	**$ 1,341,718.79**
Salaries Summary	$ 287,083.33	**$ 270,561.32**	**$ 16,522.01**	**$ 3,445,000.00**	**$1,777,299.20**	**$ 1,667,700.80**
FICA Expense	$ 22,000.00	$ 19,889.40	$ 2,110.60	$ 264,000.00	$132,629.19	$ 131,370.81
Sui\Disability	$ 5,025.00	$ 2,984.17	$ 2,040.83	$ 60,300.00	$24,768.25	$ 35,531.75
Pension	$ 22,941.67	$ 2,083.84	$ 20,857.83	$ 275,300.00	$22,187.87	$ 253,112.13
Employee Benefits - Health	$ 38,333.33	$ 34,316.37	$ 4,016.96	$ 460,000.00	$236,038.24	$ 223,961.76
Employee Benefits Summary	$ 88,300.00	**$ 59,273.78**	**$ 29,026.22**	**$ 1,059,600.00**	**$415,623.55**	**$ 643,976.45**
Office Supplies	$ 2,083.33	$ 1,910.49	$ 172.84	$ 25,000.00	$14,990.79	$ 10,009.21
Vehicle	$ 916.67	$ 529.49	$ 387.18	$ 11,000.00	$4,384.67	$ 6,615.33
Medical Rehab Supplies	$ 23,750.00	$ 21,153.89	$ 2,596.11	$ 285,000.00	$115,998.95	$ 169,001.05
Household & Clothing	$ 3,333.33	$ 3,252.28	$ 81.05	$ 40,000.00	$20,507.20	$ 19,492.80
Fuel & Light	$ 22,083.33	$ 15,563.43	$ 6,519.90	$ 265,000.00	$158,216.73	$ 106,783.27
Dedicated Contributions Supplies	$ 250.00	$ (708.12)	$ 958.12	$ 3,000.00	$2,971.20	$ 28.80
Materials & Supplies Summary	$ 52,416.67	**$ 41,701.46**	**$ 10,715.21**	**$ 629,000.00**	**$317,069.54**	**$ 311,930.46**

SAMPLE-MONTHLY BUDGET

116-3

NEW JERSEY'S FIREMENS HOME
2009-2010 Budget Report
Combined Statement of Revenues and Expenses
July 1, 2010 - December 31, 2010

DESCRIPTION OF EXPENSES	Est Current Month Budget-Approp.	Actual	Balances <Over> or Under		Year to Date Budget-Approp.	Year to Date Actual	Balances <Over> Under
Manager's Travel	$ 12,500.00	$ 2,858.62	$ 9,641.38		$ 150,000.00	$68,619.42	$ 81,380.58
Telephone Services	$ 2,250.00	$ 2,171.53	$ 78.47		$ 27,000.00	$16,726.87	$ 10,273.13
Postage	$ 625.00	$ 64.00	$ 561.00		$ 7,500.00	$2,712.17	$ 4,787.83
Insurances	$ 23,750.00	$ 12,747.00	$ 11,003.00		$ 285,000.00	$143,894.70	$ 141,105.30
Household & Security Services	$ 4,583.33	$ 2,433.28	$ 2,150.05		$ 55,000.00	$41,289.65	$ 13,710.35
Other Professional Services	$ 5,416.67	$ 7,764.66	$ (2,347.99)		$ 65,000.00	$29,268.72	$ 35,731.28
Professional Services-Housekeeping	$ 37,083.33	$ 28,089.30	$ 8,994.03		$ 445,000.00	$208,454.08	$ 236,545.92
Professional Services - Acctg	$ 3,333.33	$ 2,062.00	$ 1,271.33		$ 40,000.00	$45,411.00	$ (5,411.00)
Professional Services - Legal	$ 833.33	$ 5,644.24	$ (4,810.91)		$ 10,000.00	$21,634.66	$ (11,634.66)
Professional Services - Actuarial	$ 416.67	$ -	$ 416.67		$ 5,000.00	$14,000.00	$ (9,000.00)
Professional Services - Medical	$ 5,416.67	$ 5,613.33	$ (196.66)		$ 65,000.00	$35,801.66	$ 29,198.34
Professional Services-Food Service	$ 62,916.67	$ 69,692.94	$ (6,776.27)		$ 755,000.00	$458,432.25	$ 296,567.75
Staff Training & Travel	$ 2,291.67	$ 2,239.60	$ 52.07		$ 27,500.00	$8,618.68	$ 18,881.32
Stenographer	$ 708.33	$ 1,026.75	$ (318.42)		$ 8,500.00	$4,709.75	$ 3,790.25
Other Services Summary	$ 162,125.00	$ 142,407.25	$ 19,717.75		$ 1,945,500.00	$1,099,573.61	$ 845,926.39
Maint Bldg. & Grounds	$ 10,833.33	$ 10,739.23	$ 94.10		$ 130,000.00	$66,984.93	$ 63,015.07
Maint Equipment	$ 2,500.00	$ 707.30	$ 1,792.70		$ 30,000.00	$8,570.64	$ 21,429.36
Maint Vehicles	$ 166.67	$ -	$ 166.67		$ 2,000.00	$0.00	$ 2,000.00
Maint & Repair Summary	$ 13,500.00	$ 11,446.53	$ 2,053.47		$ 162,000.00	$75,555.57	$ 86,444.43
Improvements Site	$ -	$ -	$ -		$ -	$ -	$ -
Improvements Bldg.	$ 68,750.00	$ 45,734.20	$ 23,015.80		$ 825,000.00	$263,584.50	$ 561,415.50
Improvements -Equipt.	$ 1,458.33	$ -	$ 1,458.33		$ 17,500.00	$0.00	$ 17,500.00
Improv-Ded.Cont.Equip	$ -	$ -	$ -		$ -	$0.00	$ -
Capital-Bldg.Add.-New Bldg.(As per Title 54.18-8)	$ -	$ -	$ -		$ -	$0.00	$ -
Summary	$ 70,208.33	$ 45,734.20	$ 24,474.13		$ 842,500.00	$263,584.50	$ 578,915.50
Transfers to Medical Account	$ -	$ -	$ -		$ -	$ -	$ -
Transfers to Property Fund	$ -	$ -	$ -		$ -	$ -	$ -
Total Expenses	$ 673,633.33	$ 571,124.54	$ 102,508.79		$ 8,083,600.00	$3,948,705.97	$ 4,134,894.03
Net Balances Of Revenue & Expenses	$ 673,633.33	$ 94,364.21	$ 94,364.21		$ 8,083,600.00	$3,600,983.10	$ 3,600,983.10

SAMPLE - MONTHLY BUDGET

78-4

Section 3. **Insurance Committee**

3a **Responsibilities/Duties**

1. The Insurance Committee is to consist of not less than 3 members. *
2. Shall see that all property and employees are covered by insurance.
3. Shall review annually all policies as to coverage and cost.
4. Recommend Insurance Broker and changes to policies.
5. Review appraisal each year when it comes in from Industrial Appraiser.
6. Insure Insurance Broker is notified of any upgrade or additions and cost of same.
7. Claims: notify Insurance Broker.
8. Review all claims and incidents monthly or as needed. Look for patterns by employees. Type claims frequently.

Application Committee

Sec. 4. An Applications Committee to consist of not less than five (5) members. *

Sec. 4-A. The Applications Committee shall review ALL Applications prior to presentation to the Board in session recommended for acceptance or rejection.

ALL applications SHALL be processed with the current application form and SHALL follow all procedures required prior to being submitted to the Applications Committee for their review.

APPLICATION – Current dated form or approved revision thereto.

Recommended Procedures to be followed;

1. Home Manager assigned to County to work with applicant and family to start the processing.
2. Home Managers shall insure that the application is complete.
3. Managers shall submit completed current application form to the Superintendent of the New Jersey Firemen's Home no less than seven (7) days prior to the Full Board or the Executive Committee regular meetings.
4. The Superintendent shall notify the Chairman or a representative of the Application Committee of the receipt of said forms after he has found them to be complete and in order not less than three (3) days prior to any Board Meeting.

The Applications Committee shall make recommendations to the By-Laws Committee of any changes of the current application form.

Section 4. **Application Committee**

4a **Responsibilities/Duties**

There should be at least one meeting per month, occurring within the week of the Executive or Full Board Meeting. If other meetings are needed in between, these may be called by the Chairman or the Vice Chairman of the Application Committee. The following should attend the meeting: all Managers appointed for the year by the Chairman of the Board of Managers, the Director of Nursing, Social Worker and the Superintendent.

Meeting Order of Business

1. Review of all completed applications that are to come before the Monthly, Executive or Full Board meetings.
2. Discussion of the monthly census of the Home:
   a) Number of Guests in long-term care.
   b) Number of Guests in residential care.
   c) Number of open beds and their location
   d) Is there a Waiting List.
3. Review of any Old Business.
4. Review of any New Business.
5. The Chairman or Vice-Chairman shall give a report to the Managers at the Monthly Executive Board meeting or Full Board meeting.
6. The monthly report should contain the following items:
   a) Completed applications that were passed at the monthly meeting by the Committee and medical staff attending the meeting. All completed applications must be signed by the Managers on the page designated.
   b) Monthly census report.
   c) Any new changes that the Committee or Board of Managers deem necessary to change.

INSTRUCTIONS: APPLICATION FOR ADMISSION

PART A - TO BE RETURNED TO THE HOME

1, 2, 3 4, 5	**General, Medical and Financial Information about Applicant;** To be filled out by Applicant and/or person acting for applicant, **sign** on Page 5.
6**	**Agreement to Reimburse the Firemen's Home:** Applicant should read, understand and **sign** along with spouse or a family member. Also, a **Notary must witness (signature and seal is required).**
7**	**Limited Durable Power of Attorney:** Applicant should read, understand and **sign.** Also a **Notary must witness (signature and seal is required).**
8, 9	**Medical certification by Applicant's Local Physician:** To be completed by Applicant's local physician - The physician's signature is required on Page 9.
10	**Sample Psychiatric Evaluation of Applicant (within the last six (6) months):** To be given to the Psychiatrist as an example of the format required by the Firemen's Home. The ***Evaluation Report must be typed and signed*** by the doctor performing the evaluation **within the last six (6) months.**
11, 12	**Sample Neurological Evaluation of Applicant (within the last six (6) months):** To be given to the Neurologist as an example of the format required by the Firemen's Home. The ***Evaluation Report must be typed and signed*** by the doctor performing the evaluation **(within the last six (6) months.**
13	**Responsibilities of Resident While at the Home:** Applicant and/or interested relatives and friends should read and understand pages 21 - 24 in Part B of the Application and then **sign** this page.
14***	**Report of Local Fire Company and/or Relief Association:** To be filled out by the local Fire Company and/or Relief Association.
15***	**Manager's Certification, Application Committee's Recommendation & Physician's Certificate** To be completed byCounty Manager, Home Application Committee and Home's Physician when aplication is returned from applicant.
16**	**Notary Public Only** **A notary must witness (signature and seal required).**
17*	**Signature Page for Acknowledgment of General Information** **A witness is required for this page.**

PART B - TO BE RETAINED BY THE APPLICANT OR FAMILY MEMBER(S)

1	**Notice of Monthly Assessment / Description of Charges**
2,3	**General Information on Operation of New Jersey Firemen's Home**
4,5,6,7	**Responsibilities of a New Jersey Firemen's Home Resident with Covered/Non-Covered Charges**
8	**List of Suggested Clothing**
9 - 13	**NJFH Notice of Privacy Practices**

* **Witness Required**
** **Notary Required**
*** **Manager Required**

Pages 10, 11, 12 - Must be typed and signed

***NEW JERSEY FIREMEN'S HOME* (A Smoke-Free Facility)**
565 Lathrop Avenue, Boonton, NJ 07005 LTC____ RC____
973-334-0024

APPLICATION FOR ADMISSION

Upon completion of application, please contact your respective County Manager.
DO NOT SEND APPLICATION DIRECTLY TO THE FIREMEN'S HOME.

Date: _____

TO THE BOARD OF MANAGERS
Application is hereby respectfully made for admittance to the New Jersey Firemen's Home.

NAME OF APPLICANT: _____

I. GENERAL INFORMATION CONCERNING PROSPECTIVE APPLICANT

Home Address _____

City _____ State _____ Zip _____

Telephone Number(s) _____

Social Security Number _____ Age _____

Date of Birth _____ Birthplace _____ Citizen of _____

Applicant's marital status _____ Does applicant have children? ___ Yes ___ No

Applicant is now at ____ Home ___ Hospital* ___ Nursing Home* ___ Other*

Please identify location. *Name _____

Contact Person @ Facility: _____

Address _____

Tele # _____ How Long? _____

Have you ever made a previous application for admittance to the New Jersey Firemen's Home? ____Yes ____No

If yes, when _____ state reason for wishing to enter now _____.

Applicant's primary language ___ English ___Other, please specify _____

Education _____ Former Occupation _____

Religion☆ _____ Church☆ _____

Pastor _____ Tele # _____

A. Please identify person(s) to be notified in case of emergency:

1. Name _____ Address _____

City _____ State _____ Zip _____

Tele # Home (___)_____ Business (___)_____ Cell (___)_____

Email: _____ FAX: _____

Occupation _____ Relationship _____

Will this person(s) help defray cost of Health Care/Nursing Home Care? ___Yes ___No

☆ Optional

2. Name _____ Address _____

City _____ State _____ Zip _____

Tele # Home (___)_____ Business (___)_____ Cell (___)_____

Email:_____ FAX: _____

Occupation _____ Relationship _____

Will this person(s) help defray cost of Health Care/Nursing Home Care? ___Yes ___No

3. Name _____ Address _____

City _____ State _____ Zip _____

Tele # Home (___)_____ Business (___)_____ Cell (___)_____

Email:_____ FAX: _____

Occupation _____ Relationship _____

Will this person(s) help defray cost of Health Care/Nursing Home Care? ___Yes ___No

Who holds Power of Attorney *, if any: *PLEASE ATTACH COPY

Name _____ Tele # (___)_____

Living Will*/Advance Directive*: ___Yes ___No *PLEASE ATTACH COPY

Funeral / Burial Arrangements:

1. Name of Funeral Home _____

Address _____

Tele # (___)_____ Prepaid ___Yes ___ No

2. Cemetery Plot:

Name of cemetery _____

Address _____

Tele # (___)_____ Prepaid ___Yes ___ No

3. Donation of Body Parts: ___Yes ___No

If yes, what and to whom? _____

Cremation: ___Yes ___No

Military Status: ___Yes ___No If yes, Branch of Service _____

Dates of Service:_____ Service Serial Number:_____

Type of Discharge:_____

II. MEDICAL INFORMATION CONCERNING APPLICANT

A. Current problems, if any_____

How long has this problem existed? _____

Please list current medications _____

Applicant's last hospitalization _____

For what? _____

How long? _____

Has the applicant ever been in a Nursing Home? ___Yes ___No

Where_____ How long? _____

Why did resident leave Nursing Home? _____

Any problems there? _____

B. Applicant's special needs:

Grooms self ___Yes ___No Special diet ___Yes ___No

Dresses self ___Yes ___No Please specify _____

Bathes self ___Yes ___No Special skin care ___Yes ___No

Other _____

Please list applicant's current clothing sizes: waist___ inseam___ shirt___ shoe___

Applicant's physical mobility ___Walks unassisted ___Uses wheelchair

___Walks only with assistance ___Uses walker ___Bed-bound

Is applicant incontinent? ___Yes ___No ___Bowel ___Bladder ___Both

Does applicant wear glasses? ___Yes ___No

When was last eye exam? _____

Does applicant wear dentures? ___Yes ___No

When was last dental/gum exam? _____

Oxygen needed ___ Catheter ___

Does applicant have any physical deformities that require special care and attention?

___Yes ___No If yes, please describe _____

C. Applicant's mental status

Does the applicant usually desire to be dressed and groomed properly? __Yes __No

If no, please explain _____

Does the applicant manifest any signs of unusual or bizarre behavior? __Yes __No

__Occasionally

Is the applicant alert? ___Yes ___No Cooperative? ___Yes ___No

Is the applicant quiet and controlled? ___Yes ___No

Is the applicant combative? ___Yes ___No

Does the applicant have episodes of crying, screaming, yelling? ___Yes ___No

Does the applicant have a tendency to wander? ___Yes ___No

Does the applicant have violent outbursts of temper? ___Yes ___No

Does the applicant generally get along well with others? ___Yes ___No

Does the applicant like to converse and socialize with others? ___Yes ___No

Does the applicant enjoy/appreciate the opportunity for external activities? __Yes __No

Does the applicant tend to be depressed and withdrawn? ___Yes ___No

State any other significant event or occurrence you recall about the applicant's mental condition_____

III. HEALTH INSURANCE INFORMATION CONCERNING APPLICANT

PRIMARY INSURANCE COMPANY_____

Policy #_____ Group #_____

Policy Holder_____ DOB_____

Relationship To Patient_____

SECONDARY INSURANCE COMPANY_____

Policy #_____ Group #_____

Policy Holder_____ DOB_____

Relationship To Patient_____

PRESCRIPTION INSURANCE COMPANY _____

Policy #_____ Group #_____

Policy Holder_____ DOB_____

Relationship To Patient_____

PLEASE ATTACH COPIES, BOTH FRONT AND BACK, OF ALL INSURANCE CARDS WITH APPLICATION.

Will the applicant pay for stay with his/her own funds? ___Yes ___No

Has the applicant applied, or will the patient be applying for Medicaid or Public Assistance?

___Yes ___No If applicant has applied:

Date_____ Caseworker's Name_____

Where_____ Tele #_____

Does applicant have any other insurance that will cover Nursing Home?

___Yes ___No If yes, please identify:

Company _____

Policy Number_____ Agent's Name_____

- ***PLEASE DO NOT REFILL/ORDER PRESCRIPTIONS PRIOR TO ADMISSION. ON ADMISSION, OUR MEDICAL DIRECTOR WILL ASSESS ALL MEDICATIONS CURRENTLY IN USE BY THE APPLICANT.***
- ***AS PART OF THE ADMISSION AGREEMENT, THIS FACILITY DOES NOT PERMIT PHARMACEUTICALS FROM OUTSIDE PHARMACIES. THIS IS IN THE BEST INTEREST OF SAFETY AND ECONOMIC CONSIDERATIONS FOR EACH RESIDENT. FOR FURTHER QUESTIONS, PLEASE CONTACT OUR SOCIAL WORKER OR DIRECTOR OF NURSING.***

IV. FINANCIAL INFORMATION CONCERNING APPLICANT

A. Cash Assets

Bank_____ Location_____

Checking Acct. No._____ Savings Acct. No. _____

Balance in Account $_____ Balance in Account $_____

Certificates of Deposit? ___Yes ___No If yes, approx. amt. $_____

Safe Deposit Box? ___Yes ___No

If yes, please indicate bank and location_____

B. Monthly Income

Social Security $_____ Railroad $_____ Interest $_____

Private Pension $_____ Civil Service $_____ Dividends $_____

Veterans Benefits $_____ Other $_____

C. Real Estate Assets

Does applicant own home? ___Yes ___No Approx. Value $_____

Does applicant own any other property? ___Yes ___No

If yes, where is property located?_____

Does applicant receive any "rental" income? ___Yes ___No

If yes, how much per month? $_____ Per year? $_____

D. Life Insurance Cash Value

Does resident have life insurance policies with cash values? ___Yes ___No

Approx. amount of cash value $_____ Annuities $_____

Company Name_____

Agent's name_____ Agent's Tele # (___)_____

E. Securities

Does the applicant own stocks and bonds? ___Yes ___No

Approx. value of all securities $_____

Agent handling securities: Name_____

Address_____

Tele # (___)_____

According to the best of my knowledge, the foregoing information is accurate and true in all respects. I agree, if admitted, to abide by the regulations of the New Jersey Firemen's Home.

_____

Signature of Applicant and/or Signature of Person Acting for Applicant

_____ _____

Date Address

_____

Tele # Relationship

Prepared by:
THOMAS H. WARD, ESQUIRE
Solicitor, New Jersey Firemen's Home

AGREEMENT TO REIMBURSE

THIS AREEMENT made this _____ day of _____ in the year of our Lord two thousand and _____ between _____ hereinafter called the applicant and _____ spouse and/or family of said applicant, part(y) (ies) of the first part, and the Board of Managers of the New Jersey Firemen's Home.

The following is an agreement concerning the reimbursement of the Firemen's Home for all services and boarding provided by the Home for the benefit of its Guest.

A. By execution of this document and admission to the Home, the Guest and his/her estate agree to be obligated to pay all sums due the Firemen's Home for the care of the Guest.
B. All income which the Guest may entrust to the Home by means of Power of Attorney or assignment may be used for payment or reimbursement of any costs incurred or advanced by the Home on behalf of the Guest.
C. The Guest shall be responsible for the maintenance fee as may from time to time be established by the Board of Managers of the New Jersey Firemen's Home.
D. Execution of this document shall constitute permission to the Home physician to obtain all medical information respecting the Guests from any source.
E. The Guest or his/her estate shall be absolutely responsible for all costs incurred by the Home on behalf of the Guest. This responsibility shall be present regardless of Medicare eligibility or other medical reimbursement plans.
F. A quarterly statement will be issued for each quarter which shall show all deposits to and withdrawals from the Guest's account.
G. The present monthly maintenance fee is ($ 850) Dollars and is payable upon entry into the Home and then monthly thereafter.
H. If sufficient or excess funds remain in the Guests medical account, the interest accrued from the invested monies, will be transferred to the General Account and used to operate the Home. STATE STATUTE: 30:4-67-1 Eff. June 14, 1938

I, _____, say that all facts, matters, and things set forth in the foregoing applications are true to the best of my knowledge and belief.

Dated:_____

_____
Applicant's Signature

_____
Signature of Spouse/Family

_____
Relationship to Applicant

Sworn to and Subscribed
before me this _____ day
of _____, 20___.

_____
Notary Public, State of _____

LIMITED DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, referred to herein as principal, now a Guest of the New Jersey Firemen's Home, 565 Lathrop Avenue, Boonton, New Jersey, 07005, designated the Superintendent or Treasurer of the New Jersey Firemen's Home as my attorney in fact and agent (thereinafter called "Agent") in my name and for my benefit.

1. Limited Grant of Power. To do each and every act which I could personally do for the following limited uses and purposes:
   A. to endorse and negotiate all checks, drafts, pension payments, Social Security checks, supplemental Social Security income or other income payments received by Guest at the New Jersey Firemen's Home.
   B. to review and approve quarterly accounting reports of the Guest as issued by the New Jersey Firemen's Home.
   C. to complete, endorse, execute and take all steps necessary for the processing of all medical insurance or reimbursements claims to Medicaid, Medicare, Blue Cross Blue Shield of New Jersey or any private or public health insurance plan in which the Guest is participating.
   D. to manage and distribute a personal allowance to the Guest from any funds entrusted to the Home on behalf of the Guest in such amounts as determined by the appropriate officers of the Home.
   E. to apply for assistance to the Local Firemen's Relief Association in the fire district or municipality where the Guest resided. This assistance shall be applied to the Guest account held by the Home and be utilized for medical expenses of the Guest.
   F. in the event of an emergency, I authorize the Superintendent to direct my transfer and treatment to a medical facility appropriate for my medical needs.

THIS POWER SHALL SPECIFICALLY NOT APPLY TO PROPERTY, REAL OR PERSONAL, POSSESSED OR MAINTAINED BY THE GUEST OUTSIDE THE HOME.

2. Interpretation and Governing Law. This instrument is to be construed and interpreted as a durable power of attorney. The enumeration of specific powers herein is intended to limit and restrict the powers herein granted to my Agent. This instrument is executed and delivered in the State of New Jersey and the laws of the State of New Jersey shall govern all questions as to the validity of this power and the construction of its provisions.
3. Third-Party Reliance. Third parties may rely upon the representatives of my Agent as to all matters relating to my power granted to my Agent, and no person who may act in reliance upon the representations of my Agent or the authority granted to my Agent shall incur any liability to me or my estate as a result of permitting my Agent to exercise any power. Any third party may rely on a duty executed counterpart of this instrument, or a copy certified by my Agent to be a true copy of this original hereof, as fully and completely as if such third party had received the original of this agreement.
4. Disability of Principal. *N.J.S.A.* 46:2B-8 authorizes me to provide that this power of attorney shall not be affected by my disability as principal and I declare this power of attorney shall not terminate upon my disability. The power(s) conferred by this document shall be exercisable from this date notwithstanding a later disability or incapacity on my part and shall be valid until such time as I shall die or revoke this power.

IN WITNESS WHEREOF, I have herein set my hand and seal this day of _____, 20__.

Sworn to and Subscribed
before me this _____ day
of _____, 20___.

_____
Notary Public, State of _____

_____
Signature of Guest

New Jersey Firemen's Home
565 Lathrop Avenue, Boonton, NJ 07005
(973) 334-0024

MEDICAL CERTIFICATION OF LOCAL PHYSICIAN

NAME: _____ AGE ____ DATE: _____

PHYSICAL EXAMINATION:

Eyes: - (Visual Diagnosis, i.e., Glaucoma, macular degeneration, lens replacements)

_____

Ears: - (Hearing conditions, hearing aids) _____

Mouth, Nose & Throat: _____

Neck: Thyroid _____ Glands _____

Lungs: _____

Cardiovascular: BP _____ Pulse _____ Heart _____

Murmurs _____ Rhythm _____ Size _____

Varicose Veins _____ Peripheral Circulation _____

Abdomen: General _____

Hernia _____ Varicocele _____ Hydrocele _____

Extremities: Amputations _____ Edema _____ Gait _____

Stasis Dermatitis _____ Ambulatory _____ Weight Bearing _____

Spine and Joints: _____

Skin _____ Rashes _____ Good _____ Bed Sores _____

Food: Independent Eating: _____ Assistance: _____

Diet: _____

Allergies: Medication _____

Food & Environmental _____

Have you been hospitalized within the last year: Yes ___ No ___

If YES, when _____ to _____ where _____

what for _____

Medications: (Presently taking and why)

_____

_____

_____

Additional Information – Past Medical & Surgical History:

_____

_____

_____

MEDICAL CERTIFICATION OF LOCAL PHYSICIAN (Continued)

Habits: Alcohol _____ Tobacco _____ Drugs _____

REVIEW OF SYSTEMS

Cardiovascular: RHD _____ CHF _____ Hypertension _____

Myocardial Infarction _____ Other _____

Respiratory: Asthma _____ Emphysema _____ Chronic Bronchitis _____

Previous TB _____ Date of last chest x-ray _____ Result: _____

Gastro – GB Disease _____ Ulcer _____

Intestinal: Recurrent or chronic _____ Hemorrhoids _____

Bowel habits, regular _____ Constipated _____

Genito - Urinary: Pyelonephritis _____ Calculi _____ Cystitis _____

Musculo - Skeletal: Rheumatoid Arthritis _____ Osteoarthritis _____ Osteoporosis _____

Significant Injuries: _____

_____

Previous Vascular Accident: Thrombotic ___ Hemorrage ___ Undetermined ___

Other Disorder: _____

_____

Endocrine: Diabetes ___ Thyroid Problem ___ Other _____

Additional Information: _____

_____

_____

_____

_____ _____

Date Signature of Physician

*** REMINDER TO THE APPLICANT *** **In addition to these Medical Certification of Local Physician Forms it is mandatory that a Neurological Evaluation and a Psychiatric Evaluation be performed by a professional Neurologist and a professional Psychiatrist. The evaluations are to be typed and submitted on the professional's Evaluation Form (the New Jersey Firemen's Home does not supply the evaluation forms).**

EXAMPLE – PSYCHIATRIC EVALUATION

NOTE: ALL EVALUATIONS MUST BE TYPED OR THEY WILL NOT BE ACCEPTED

Month/Day/Year

New Jersey Firemen's Home
Attn: Superintendent
565 Lathrop Avenue
Boonton, NJ 07005

RE:

Dear Sir:

This is an elderly white widowed male, who was first seen by me on 1994, as the patient was depressed.

The patient is a resident of and he was referred from the nursing home as the patient was expressing depression and suicidal comments.

HISTORY OF PRESENT ILLNESS: This elderly white gentlemen's wife had died in December of 1993 and in March of 1994 the patient underwent a right below knee amputation. After the surgery the patient started getting depressed. He was not doing well, he was withdrawn, would not take care of his ADL's and hence he was referred to me.

The patient, however, denied suicidal ideations to me at that time. He was started on Paxil 20mg orally at bedtime and Xanax was discontinued and he was started also on Ativan 0.25mg orally three times a day.

On subsequent evaluations, on 6-15-94, the patient apparently was doing well, responding well to Paxil. The patient since then has been subsequently followed by me. His last evaluation was on 4-24-95, at the time of evaluation the patient appeared to be doing fairly well. He was, in a way, hypertalkative, a good historian and related well. Casually groomed. Mood appeared to be euthymic. Affect appeared to be appropriate. I did not detect any signs of psychosis. He was alert and oriented times three. No suicidal or homicidal ideation's. He knew the year, month, date. I did not detect any paranoia or any guardedness. Memory and cognitively he remained unchanged since the first evaluation, he was doing fairly well. Insight and judgment of his problems appeared to be fair.

IMPRESSION:	AXIS I:	MAJOR DEPRESSION, MODERATE, WITHOUT PSYCHOTIC FEATURES.
	AXIS II:	NONE.
	AXIS III:	RIGHT BELOW KNEE AMPUTATION.

PLAN: At this time I consider the patient to be pretty stable. He is apparently responding very well to Paxil, on 40mg of Paxil and Ativan 0.25mg orally twice a day. The patient was given an appointment to see me in 6 weeks time. I do not detect that there can be any problems with the patient at the nursing home.

If there are any questions regarding this, please contact me at my office.

Sincerely yours,

(Signature)

EXAMPLE – NEUROLOGICAL EXAM

NOTE: ALL EVALUATIONS MUST BE TYPED OR THEY WILL NOT BE ACCEPTED

Month/Day/Year

New Jersey Firemen's Home
Attn: Superintendent
565 Lathrop Avenue
Boonton, NJ 07005

RE:

Dear Sir:

This is an year old, white male who has been diagnosed with Parkinson's Disease, although it is unclear when, who now is referred for neurologic evaluation prior to entering the Firemen's Home in Boonton, NJ. The patient is accompanied by his nurse who states that he has been confused and agitated at night, sleeps during the day and is awake during the night, and for this reason he has begun on Restoril and Elavil. The patient has a past history of colostomy for an intestinal perforation in 1987, hypertension, congestive heart failure, ASHD and Parkinsonism. His medications include Lanoxin, Haldol, aspirin, Elavil, Restoril, Bumex, Cardizem, Metamucil, MOM, Lotrisone cream and Otocort. The patient is unable to give me any additional history and previous medical records are unavailable aside from a brief letter from his family physician. Patient does not complain of headaches, diplopia, weakness, numbness, tingling or speech difficulty. He is ambulatory at times but does have difficulty with balance and walking.

The patient is awake and alert. He is oriented to locations. He knows that he is in , NJ. He is oriented to year but disoriented to month and day, stating that is . He can name the current president by no previous presidents. He can spell a five-letter word forward but not backwards. He is able to calculate that there are 20 nickels in a dollar and that 60 nickels equal three dollars. He remembers two out of three objects after ten minutes.

On cranial nerve exam, the pupils are equal and reactive to light. Extraocular movements are full without nystagmus or diplopia. Visual fields are full to confrontation. Fudni are benign. Facial sensation and symmetry are intact. The tongue is midline. The palate moves symmetrically. Motor strength is 5/5. There is cogwheel rigidity noted bilaterally in the upper extremities. There is no tremor noted. The reflexes are 2+ and symmetrical. Plantar responses are flexor. The gait can not be tested. Coordination appears grossly intact. There is a positive snout reflex. A right pulmimental reflex and a negative grasp reflex. The patient exhibits a mask like facies and brady frenia and brady kynesia.

My impression is that the patient has a dementia but it is unclear whether a work up has been performed and I would recommend obtaining a CAT scan of the brain with contrast, B12, Folate level, VDRL as further evaluation of his dementia. A T4 was provided with his records, which is within normal limits. If the patient is diagnosed to have Alzheimer's Disease, I would recommend instituting therapy with Cognex, 10mg QID and monitoring weekly SGPT, as he appears to have a very mild dementia at the present time and would be a good candidate for therapy with Cognex. I would recommend strongly discontinuing the Elavil and Restoril in particular the Restoril, which is a Bendsodiazapien and will increase confusion in the elderly and in dementia patients. I feel in addition his Haldol should be discontinued because of the potential of Parkinsonian symptoms related strictly to Haldol. I would recommend substituting Mellaril 25mg or 50mg

(continued)

at bedtime and 25mg as needed during the day for any agitation which the patient may exhibit. Mellaril will cause fewer potential side effects and Parkinsonism compared to Haldol. If after switching this medication the patient remains Parkinsonism I would recommend beginning Sinemet CR, 1 tab PO BID with a later addition of Eldepryl for control of his Parkinsonism symptoms, which also appear to be relatively mild to moderate at the present time.

At the present time his diagnosis is Parkinsonism and Dementia. It is unclear whether these are strictly related to medications which he is receiving which could cause both confusion and Parkinsonism symptoms or whether these do represent true Alzheimer's Disease and Parkinson's Disease.

If you require any further information, please do not hesitate to contact this office.

Sincerely yours,

(Signature)

It is mandatory that all applicants submit current (within the last six months) Neurological and Psychiatric Evaluations with their Application for Admittance for the Medical Director's review. Aforementioned evaluations must be typed and signed by the doctor performing the evaluation.

Listing of Available Services

RESPONSIBILITIES OF THE RESIDENT

State of Acknowledgment

Resident

I, _____, a resident of this facility, certify that I have received a written copy of my obligations and responsibilities to the facility. I further certify that my rights and responsibilities were reviewed with me and that I understand them and agree to abide by them to the best of my ability.

_____ _____

Date (Signature – Resident)

or

_____ _____

Date (Signature – Agent/Power of Attorney For Resident)

A COPY OF THIS DOCUMENT MUST BE FILED IN THE RESIDENT'S MEDICAL RECORD

APPLICANT'S NAME: _____

Report of the Local Fire Company and/or Relief Association

DATE OF REPORT _____

THE _____ FIRE COMPANY
(Name of Fire Company)
OF THE _____ FIRE DEPARTMENT OF _____

AT A MEETING HELD _____ DOES HEREBY CERTIFY _____,
(Name of Applicant)
THAT THE FIRE DEPARTMENT IS UNDER MUNICIPAL CONTROL, AND THAT THE RECORDS HAVE BEEN EXAMINED AND SHOW THAT THE APPLICANT WAS AN ACTIVE MEMBER OF SAID FIRE DEPARTMENT FOR A MINIMUM OF ONE (1) YEAR HAVING BEEN ADMITTED AS AN ACTIVE MEMBER ON _____, AND RETIRING FROM ACTIVE SERVICE THROUGH _____ ON _____; AND THAT SAID APPLICANT IS A
(Resignation or Suspension) (Date)
PROPER PERSON TO BE ADMITTED TO THE FIREMEN'S HOME.

CERTIFED BY THE LOCAL FIRE COMPANY

PRESIDENT (Print Name) :_____ (SIGNATURE):_____
PHONE: (___)_____
SECRETARY (Print Name): _____ (SIGNATURE)):_____
PHONE: (___)_____

CERTIFIED BY THE LOCAL FIREMEN'S RELIEF ASSOCIATION

TRUSTEES: _____
_____
_____

LOCAL RELIEF ASSOCIATION:

PRESIDENT (Print Name): _____ (SIGNATURE) : _____
PHONE: (___)_____
SECRETARY (Print Name):_____ (SIGNATURE): _____
PHONE: (___)_____
RELIEF ASSOCIATION _____ COUNTY_____
PRINT NAME OF ASSOCIATION

APPLICANT'S NAME: _____

MANAGER'S CERTIFICATION

I, _____, a member of the Board of Managers representing _____ County, hereby certify that the application is in order, propose the applicant for admission.

_____ _____
Date Manager Signature

RECOMMENDATIONS OF APPLICATION COMMITTEE

Date: _____

We find the application is in order as of this date and recommend the admission of the applicant.

_____
Signature – Chairman Application Committee

ORDER OF ADMISSION

Date of Board Action: _____

The foregoing application is hereby approved and the formal admission is recommended by the Board of Managers _____ Executive Committee _____

All applications will be approved or disapproved at any regular or special meeting of the Board of Managers or the Executive Committee and signed by at least six (6) members of the Board of Managers.

Managers: _____ _____

_____ _____

_____ _____

_____ _____

Register No.: _____ Book _____ Page _____

Approved: _____ Admitted: _____ Rejected: _____

For Use of Home Physician Only

MEDICAL CERTIFICATION OF HOME PHYSICIAN

I have examined the within applicant and **(DO)** ___ **(DO NOT)** ___ recommend his admission.

Date: _____ _____M.D.
Signature – Home Physician

Comments/Remarks: _____

NOTARY PUBLIC PAGE ONLY

GENERAL ACKNOWLEDGEMENT STATING THAT ALL NECESSARY PAPERS HAVE BEEN SIGNED BY THE APPROPRIATE PERSONS

STATE OF _____)
SS:
COUNTY OF _____)

On the _____ day of _____, 20____, before me the undersigned authority, personally appeared _____, who in due form of law acknowledged the foregoing to be his/her act and deed and desired it to be recorded as such.

Witness my hand and seal the day and year aforesaid.

_____
NOTARY PUBLIC, STATE OF _____

ACKNOWLEDGEMENT OF RECEIPT OF GENERAL INFORMATION ABOUT *THE NEW JERSEY FIREMEN'S HOME*

Please initial to the right of each of the line items below to signify that the information has been read and understood by the applicant and/or his representative:

		Initials
1.	Notice Of Monthly Assessment / Description Of Charges	_____
2.	General Information on NJFH Operation	_____
3.	Responsibilities of NJFH Resident with Covered/Non-Covered Charges	_____
4.	List of Suggested Clothing	_____
5.	NJFH Privacy Practices	_____

Date: _____ _____ _____

(Print Name) Signature

WITNESS: _____ _____

(Print Name) Signature

NEW JERSEY FIREMEN'S HOME

APPLICATION FOR ADMISSION

PART B

GENERAL INFORMATION

TO BE RETAINED BY APPLICANT OR REPRESENTATIVE

NOTICE OF MONTHLY ASSESSMENT/ DESCRIPTION OF CHARGES

The present monthly assessment to Guests of the New Jersey Firemen's Home is Eight Hundred Fifty ($ 850.00) dollars. This amount is subject to change by resolution of the Board of Managers of the New Jersey Firemen's Home and upon notice to Guests.

Set forth below is a description of the services to Guests of the Home for the monthly charge.

A. SERVICES PROVIDED FOR MONTHLY FEE:
Room, board, laundry (not dry cleaning), barber services, nursing care on premises, non-prescriptive medical supplies, supplies on hand, pharmacy consulting fees and TB testing.

B. SERVICES EXPRESSLY NOT INCLUDED:
A separate fee shall be assessed for medical laboratory fees; prescription drugs; dental work; dentures; hearing aid; glasses; prosthesis; and any extraordinary services or supplies, which may be necessary for the care of the Guest, (medical or otherwise); newspapers, telephones and cigarettes.

C. BILLS ARE SUBMITTED TO INSURANCE FOR:

Physician's visits	DDS Visits
Podiatrist visits	Specialists

Board Managers are required to have the applicant, interested relatives and friends, read and understand the following:

1. All Guests are admitted to the New Jersey Firemen's Home without regard to race, creed, sex, or financial worth.
2. By admission, the Guest does agree to abide by all rules and regulations made from time to time by the Board of Managers.
3. Admittance as a Guest to the Home shall be granted only to; (1) a person who has served as an active firefighter in a fire company or department under municipal control set by their ordinance; and/or (2) a person with the affiliation listed in (1) who is aged, disabled in the discharge of his/her duties as such firefighters, sickness or other disability contracted in such service or in consequence thereof is necessitous and unable to secure the necessary means for his/her treatment, comfortable support and proper care.
4. The applicant must have served as an active firefighter for a minimum of one (1) year, except if injured in the line of duty.
5. For admission, the Guest must be of such physical condition as for the Home to be a suitable place for his/her care. Such decision shall be made in the exclusive discretion of the Board of Managers in consideration of the recommendations of the Superintendent, Medical Staff and Medical Director.
6. The Board of Managers cannot be responsible for any debts or agreements incurred by the applicant prior to or after becoming a Guest in the New Jersey Firemen's Home, unless first approved by the Board; and any claims or debt against any Guests in the Home that is turned over to an individual agency for collection will not be honored by the Board.
7. Upon admission, Guests shall be limited to bringing necessary clothing and personal effects. No Guests shall be permitted an automobile or motorized vehicles other than electric wheelchairs.
8. The Home shall not be responsible for any medical expenses or treatment above and beyond coverage by primary or secondary insurance carriers except in hardship cases as deemed necessary by the Administration.
9. Prior to final release of a Guest's account the Home shall conduct a final audit which shall be approved by the Board of Managers. Thereafter, the funds shall be released to the Guest or his/her authorized representative.
10. An Individual Medical Account is kept for each Guest in the Home. When the Guest leaves the Home permanently his/her medical account must be closed out. As long as the Guest pays the required monthly fee plus the other special medical and surgical services rendered him/her, the balance of his medical account is turned over to him/her or his/her estate, depending on the circumstances at the time he/she left the Home.
11. Should a deceased Guest have an amount in his/her medical account in excess of $500.00 the Board requires a statement from the local county Surrogate stating who the executors of the estate are so a report and payment may be made to the proper party.
12. Permission is granted to the Superintendent of the Home to grant approval for any emergency medical procedure provided he/she is unable to locate a responsible member of the family.
13. Permission is granted to the Superintendent of the Home to grant approval for physician authorized testing/procedures (I.e.; electro-cardiograms, chest x-rays, etc.).
14. It is mandatory that all applicants submit current (6 months) Neurological and Psychiatric Evaluations, with their applications, for the Medical Director's review. Aforementioned evaluations must be typed. *(Examples attached)*
15. The New Jersey Firemen's Home criteria for admission requires that each applicant must be in a condition where the safety of other Guests will not be endangered or will not endanger him or herself or the staff.

16. Individuals shall not be permitted to possess alcoholic beverages while a Guest of the Home. The use of alcoholic beverages within the Home may occur with the proper approval of the Superintendent.
17. No Guest may enter the Home when he/she is under the influence of alcohol as determined by the Superintendent. Violation of this rule may result in the expulsion of the Guest.
18. The Home will not be liable for the loss or theft of any personal belongings, valuables or heirlooms.
19. The Home reserves the right to transport any Guest who presents a danger to self or others to a more appropriate facility/psychiatric emergency service.
20. We are unable to accommodate mail-in prescriptions, as it does not comply with the Home's policy and procedures. The Home is contracted with a Provider Pharmacy that provides pharmaceutical services to the facility, 24 hours a day, seven days a week. Residents are not permitted to obtain medications from any other pharmacy and under no circumstances is anything to be brought in from any other source and/or left with resident - this includes over-the-counter medications.
21. Self-administration of medications is limited to Residential Care Guests as per Facility policy governing this practice. A copy of Facility policy is available upon request.
22. Monthly room and board does not include physician visit fees.
23. Our Medical Director is available (5) days per week to address medical problems during his in-house visits. These visits will be billed to the appropriate insurance providers.
24. If you are a participant in an HMO, it is the responsibility of the Guest's family to make arrangements to provide and insure continuity of care with New Jersey State Law and the policy and procedures of the Home. This will require:
    A. Primary Physician to visit monthly, examine Guest and sign all orders.
    B. Family will be responsible for making any necessary medical appointments and provide transportation to network hospital, labs if necessary, and other diagnostic testing.
25. Transportation to medical appointments will be provided based on availability of facility vehicle and staff. The Home cannot be responsible for dialysis/chemotherapy appointments or follow-up visits for pre-existing conditions prior to admission to the Home.
26. Upon the Guest's demise, the Home shall not be further responsible for payment of medical invoices or for processing of insurance requests for payment of medical bills. All medical bills shall be forwarded to the Guest's family or specified responsible party.
27. The Home shall provide palliative/end-of-life care to all Guests with irreversible/terminal conditions. Guests may elect to contact an outside Hospice Service, if they wish, and the family must notify the Home of their intent in an effort to coordinate care.

RESPONSIBILITIES OF THE RESIDENT
(New Jersey Firemen's Home is a smoke-free facility)

Resident responsibilities refer to the rules and regulations governing individual residents in their dealings with the facility, staff and other residents. They are not intended to limit the rights of residents, but merely to provide the resident with information concerning his/her responsibilities to the facility. Questions should be referred to the superintendent, director of nursing services, or to the social services department.

Administration

1. Residents may not be admitted without a legal guardian and/or a representative (sponsor) to act on the resident's behalf should it become necessary.
2. All necessary paperwork must be completed by the physician before the applicant can be admitted.
3. Residents are expected to be considerate to and of other residents, staff members, and visitors. Verbal or physical abuse from residents will not be tolerated and may be cause for discharge.
4. Residents are not expected to pay employees or to give them gifts to perform routine or special services. However, small acts of kindness such as cookies, cakes, or candy are permitted and may be accepted by staff members.
5. Residents will be provided access to a private room for making personal phone calls, if necessary. Long distance calls will be at the expense of the resident. Private lines may be installed in the resident's room. All expenses for the installation and use of a private telephone must be paid by the resident or representative (sponsor).
6. Residents are encouraged to maintain only a minimum amount of money in their possession. The facility will deposit funds into a resident petty cash fund or trust account. Questions concerning personal funds should be referred to the administrator, business office, or to the social services department.
7. All valuables (i.e., rings, pins, jewelry, etc) should be taken home by the legal guardian or representative (sponsor). Such valuables may be retained by the resident. However, all item(s) retained by the resident will be inventoried, and a copy of such inventory will be provided to the resident or representative (sponsor). The original copy shall be filed in the resident's medical record. The Home will not be responsible for personal belongings.
8. Residents are expected to maintain good relations with their roommates. Problems that arise should be discussed with the director of nursing services. Residents occupying semi-private rooms are expected to share their rooms equally with their roommates.
9. Religious, social, and activity programs are conducted in the facility. Residents are encouraged to attend all programs. Bedside programs are provided for those residents who are not able to come to the activity area. Family and friends are encouraged to participate in our scheduled activities.
10. Residents may not leave the premises without signing out at their respective nurses' station. One-week notice of overnight (or longer) leaves by a resident should be given to the nurses' station in order to obtain medications. Employees will not be permitted to sign residents out unless authorized in writing from the representative (sponsor) and the superintendent.
11. Residents are expected to be observant of the rights of others.
12. Televisions and radios are not to be played loudly past 11:00 p.m., unless otherwise agreed upon by residents sharing the same room. Residents wishing to watch TV later than the established time may do so in the resident lounge.

Administration (cont'd)

13. Room lights must be turned off at bedtime so as not to disturb other residents. Night lights must be left on at all times for the safety of the residents.
14. Residents or visitors should not talk loudly or disturb other residents. Complaints could result in limiting the number of visitors in a room.
15. Personal wheelchairs, walkers, canes, and other special equipment for the private use of the resident are the responsibility of the resident or representative (sponsor).
16. Residents are prohibited from keeping any weapons designed to do bodily harm (i.e., gun, knife, razor blade, stick (other than cane), scissors, etc.) in their possession.
17. Residents may not leave the Facility for overnight visits unless approved by the resident's attending physicians.
18. When fire or other drills are conducted, residents and visitors are expected to follow the instructions issued by the person in charge.
19. Coffee pots, electric blankets, heaters, etc. are not permitted to be retained in the resident's rooms. Pictures, calendars, etc. may be hung on walls of rooms.
20. Family and friends may visit between 8:00 a.m. and 8:00 p.m. unless prohibited by the resident's written request. All Facility rules must be followed as well as any instructions issued by the charge nurse or person in charge.
21. The Facility reserves the right to clean any area and to discard any items not considered to be sanitary and in accordance with our established housekeeping policies and procedures.
22. Imitation plastic flowers, plastic trash receptacles, plastic or glass ashtrays, etc. are not permitted to be maintained in the resident's room. Only fire resistant containers, equipment, etc. may be retained in the room. (Exceptions – personal clothing, linen, etc.) Please check with the charge nurse before taking such articles into the room.
23. Equipment (i.e., wheelchairs, walkers, canes, etc.) belonging to the Facility and for the general use of all residents may not be removed from the Facility when residents go home for overnight visits unless authorized by the director of nursing services.
24. Our Facility cannot hold a resident against his/her will. Should a resident wish to be discharged, every effort will be made to contact the legal guardian or representative (sponsor) before the resident is discharged. Documentation of such discharge is recorded in the resident's medical record. (**Note:** Please direct questions concerning this matter to the Superintendent or Director of Nursing Services.)
25. It is the Facility's desire to provide quality care and service. Residents and/or their legal guardians or representatives (sponsors) are encouraged to discuss any problems concerning treatment, care, operations, etc. with the Superintendent or Director of Nursing. We solicit all recommendations/suggestions that would be beneficial to all concerned.
26. If the Guest wishes to have a computer in the room, the only ones which the Home can accommodate are laptop computers. The Resident is responsible for a wireless connection to the internet at their personal expense. The Home does not provide any services pertaining to computers.

Nursing Services

1. Residents are required to be fully dressed (including shoes) when out of their rooms, and if not in street clothes they must be clad in gowns or pajamas, robes, and slippers.
2. During sleeping hours, residents are not permitted to leave their rooms to sleep in the lobby, lounge, sitting room, etc. or another resident's room.
3. Residents may not keep medications in their rooms unless so approved by the care planning team. Please check with the nurses' station before leaving any salves, creams, drops, etc. with the resident.
4. Resident rooms may be inspected for accumulation of personal effects. Boxes may not be stored under the bed, on top of the closets or on the closet floors. Unnecessary personal articles must be picked up and removed from the facility or stored off unit.
5. Heating pads, water bottles, etc. are not permitted.

Nursing Services (continued)

6. Residents and/or their representatives are encouraged to participate in developing an individualized plan of care to meet the needs of the resident. Notice of care plan meetings are sent out at least one (1) week prior to the scheduled session. Questions concerning care plans should be referred to the MDS Coordinator.

Laundry Services

1. Provision of clothing is the responsibility of the resident and/or his or her representative (sponsor). A listing of recommended clothing is attached.
2. All clothing must be marked prior to admission with indelible ink or sewn-in nametags. All personal items brought into the Facility must be inventoried.
3. Personal laundry not laundered by this Facility must be kept in containers and picked up by the family at least weekly. Failure to comply with this rule may result in the Facility doing the laundry.

Dietary Services

1. Residents are not allowed in the food preparation area. All requests for ice, beverages, etc. must be made at the nurses station.
2. It is recommended that all food brought into the Facility by family members or visitors be checked by the charge nurse to assure that it is not in contraindication to the resident's prescribed diet plan.
3. Food permitted to be retained in the resident's room must be in containers with tight-fitting lids. Perishable foods not in air-tight containers will be destroyed daily.

Billing

At the time the applicant appears at the Home for the admission physical, the family or sponsor shall accompany the applicant and meet with the Treasurer of the Home to discuss the financial obligations of the family with regard to the applicant.

Covered Services

Our Facility's payment rate includes the following services, and no additional charges will be made to the resident:

1. All nursing services to meet the total needs of the resident, including treatment and administration of medications ordered by the physician, and an activities program.
2. Personal services and supplies for the comfort and cleanliness of the resident. These include, but are not limited to:

bathing
bath soap
comb
cotton balls
denture adhesive
denture cleaner
deodorant
dietary services
hospital gowns
incontinence care
incontinence supplies
personal laundry
sanitary napkins and related supplies
shampoo
shavers
shaving cream
soaps (non-specialized)
tissues
toothbrush
toothpaste
towel

3. Room (semi-private or 4-bedded) and board, including special diets. This includes feeding residents unable to feed themselves.

Covered Services (continued)

4. Safety and treatment equipment such as bed rails, standard walkers, standard wheelchairs, intravenous administration stands, suction apparatus, and other items generally provided by the Facility for the general use of all residents.
5. All services and supplies for incontinent residents.
6. Bed and bath linens, including linen savers such as chux and diapers.
7. All medically-related social services to assist residents in maintaining or improving their ability to manage their everyday physical, mental, and psychological needs.
8. Nursing and treatment supplies as ordered by the resident's physician or as required for quality nursing care. These include, but are not limited to, needles, syringes, enema bags, normal dressings, special dressings (such as ABD pads and pressure dressings).

Non-covered Services

The following services are **not** included in our facility's payment rate. Charges for these services are billed to appropriate insurances and balances will be billed directly to the resident or to the individual that has control of, or access to, the resident's funds by the service providing or performing the requested service:

1. Psychological services;
2. Transportation (limited to availability);
3. Physician services;
4. Medical supplies not included in routine care;
5. Eye glasses, hearing aids;
6. Physician-ordered medication, including over-the-counter medications and specialized soaps,
7. Dental services;
8. Personal items (i.e., cosmetics, newspapers, cigarettes, etc.);
9. Oxygen, oxygenators or any related equipment,
10. A private telephone;
11. A television or radio for personal use;
12. Personal comfort items, including smoking materials, notions and novelties, and confections;
13. Cosmetic and grooming items and services.
14. Personal clothing;
15. Personal reading matter;
16. Gifts purchased on behalf of a resident;
17. Flowers and plants;
18. Social events and entertainment offered off the premises and outside the scope of the activities program provided under section 483.15(f) of current regulations.
19. The Home handles basic cable and this is the only service supplied to the Home. Any and all computers and the Internet are the responsibility of the Guest and their family. The Guest is to a supply a TV which is compatible with our current cable supplier.

LIST OF SUGGESTED CLOTHING

In order to assist you in meeting the resident's clothing and personal needs, we suggest you bring:

Women	Men
5 dresses (8 if incontinent)	5 pants/shirts (8 if incontinent)
5 changes of underwear (8 if incontinent)	5 changes of underwear
2 pairs of shoes and hose	2 pairs of shoes
2 pairs of slippers	8 pairs of socks
3 pairs of pajamas or gowns (6 if incontinent)	2 pairs of slippers
2 robes	3 pairs of pajamas
3 sweaters	2 robes
1 coat and hat/scarf	3 sweaters
Toothbrush and toothpaste	1 coat and hat/scarf
Deodorant	Toothbrush and toothpaste
Body lotion	Deodorant
Powder	Body lotion
Shampoo	Powder
Hairpins and rollers	Shampoo
Brush and comb	Shaving equipment
Makeup/cosmetics	Brush and comb
Writing materials	Writing materials

All clothing should be machine washable or dryable and of perma-pressed material.
Items must be identified with the resident's first name initial and last name (i.e., J. Doe).
Please label all clothing with sewn-in nametapes or with an indelible ink laundry marker prior to admission.

All items that you bring must be inventoried. Should you bring other items at a later time, they too must be inventoried. Please check with the Charge Nurse before taking such items to the resident's room.

Electrical appliances, i.e., cooking utensils, irons, etc, may not be kept or used in rooms. Extension cords or power strips may only be used if approved by maintenance supervisor.

Do not leave valuables (i.e., money, jewelry, etc.) in the resident's room. Take such items home with you.

If you have any questions concerning this information, please refer your questions to the Director of Nursing Services or to the social worker.

New Jersey Firemen's Home
Notice of Privacy Practices
Effective date April 14, 2003
Amended July 9, 2010

This notice applies to eligible and existing Guests, individuals, legal guardians, power of attorneys and responsible family members of Guests receiving services from the New Jersey Firemen's Home herein referred to as "N.J.F.H".

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

OUR RESPONSIBILITIES: The N.J.F.H is required by law to:
- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.

In addition, the N.J.F.H is required to:
- Abide by the terms of this notice
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Notify you if we are unable to agree to a requested restriction.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will provide you with a revised notice.

GENERAL PRIVACY RULE

We will not use or disclose your health information without your written authorization, except as described in this notice.

Revoking Your Authorization: If you provide us with a written authorization to release your health information, you may revoke that authorization at any time. A revocation must be in writing. A written revocation will not revoke your prior authorization if we have already released information pursuant to your prior authorization or if your insurance coverage requires your written authorization.

Separate Authorization for Psychotherapy Notes: We will not release any psychotherapy notes about you without a separate written authorization from you. You may revoke your specific written authorization at any time. A revocation must be in writing. A written revocation

will not revoke your prior authorization if we have already released information pursuant to your prior authorization or if your insurance coverage requires your written authorization.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. **Determining Eligibility for Admission.** Your board manager will receive your application for admittance with the medical information necessary to help you expedite the application process. This information will then be presented to our medical staff for review to ensure that your health care needs can be met within the context of the N.J.F.H.

2. **Treatment.** We will use your health information for your treatment. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and may be used to determine the appropriate care and course of treatment that should work best for you. Our medical director or other health care professional may share your information with other health care professionals who are either part of the N.J.F.H or who are working in conjunction with N.J.F.H medical personnel to determine how to diagnose, treat or respond in a medical emergency.

3. **Payment.** Affiliated providers of N.J.F.H may use your health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

4. **Health care operations**. We may use your health information for regular health operations. For example, members of the medical staff, the risk or quality assurance committee may use information in your health record to assess the care and outcomes in your case and others like it.

5. **Business Associates**. There are some services provided in our organization through contracts with business associates. Examples include our accountants, consultants and attorney. When these services are contracted, we may disclose your health information to our business associates so that they can perform the necessary services. To protect your health information, however, we require that the business associates appropriately safeguard your information.

6. **Facility Census**. If you do not object, we will include your name, room number and county of fire service in our facility directory while you are at this facility. This information would only be disclosed to people who ask for you by name such as visitors. In addition, unless you object, we will share this limited information in our semi-annual newsletter as authorized by you upon admission.

7. **Family and Friends Involved in Your Care**. If you do not object, we will share your health information with a designated family member or close personal friend who is involved in your care or payment related to your care. This will be discussed with you on admission. We may also notify the designated contact about any change in your condition. In the event of a disaster situation, we will be required to share your information with a disaster relief organization that will help us to notify those persons.

8. **Funeral directors**. We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.

9. **Contacts**. We may contact you or your designated representative about entitlement programs such as relief assistance or insurance programs that you may be entitled to or eligible for based upon information provided by you or in your application.

10. **Food and Drug Administration (FDA)**. We may be required to disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

11. **Workers compensation**. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

12. **Public Health**. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

13. **Law enforcement**. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

14. **Abuse, Neglect or Exploitation.** We are mandated to disclose your health and financial information to the State Department of Health and Office of the Ombudsman if we reasonably believe that you have been a victim of abuse, neglect or financial exploitation by a staff or family member. We will notify you or your designated representative of any reports filed unless it would place you at risk of serious harm or further exploitation.

15. **Health Oversight Activities.** We are mandated to disclose your health information to a health oversight agency for activities authorized by law such as audits, civil administrative or criminal investigations, surveys, licensure or disciplinary actions, or other activities necessary for oversight of our facility in the health care system, government regulated programs, or compliance with civil rights laws.

16. **Judicial and Administrative Proceedings.** We may disclose your health information in response to an order of a court or administrative tribunal or in response to a valid subpoena if we receive satisfactory assurances from the party seeking the information that the party has made an attempt to notify you or to secure a protective order for your information.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the New Jersey Firemen's Home, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason. We ask that such requests be made in writing to the privacy officer. Although we

will consider your request, please be aware that we are under no obligation to accept it or to abide by it subject to applicable law.

- You have the right to receive confidential communications of your health information. If you are dissatisfied with the manner in which or location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the privacy officer. We will accommodate all reasonable requests.

- You may request to inspect and/or obtain copies of health information about you, which will be provided to you within 30 days. Such requests must be made in writing to the privacy officer. and you may be charged a nominal fee.

- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. You must provide a reason to support your request. Such requests must be made in writing to the privacy officer.

- You may request that we provide you with a written accounting of all disclosures made by us of your health information for up to a six-year period of time; however, disclosures made prior to April 14, 2003, do not have to be accounted for by law. We ask that such requests be made in writing to the privacy officer. Please note that an accounting will not include the following types of disclosures: disclosures made for treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures authorized by you or your legal representative; disclosures as mandated by the State Department of Health or law enforcement officials, disclosures made from the facility census; and disclosures that are incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another patient passing by). There is no charge for the first request for an accounting made in any twelve-month period, but there may be a reasonable charge for additional requests in the same twelve-month period.

- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.

- You may revoke any authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing to the privacy officer.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the appropriate privacy officer listed on the attached sheets.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing to the Home's Privacy officer. You may also file a complaint with the Secretary of the federal Department of Health and Human Services by

writing to 200 Independence Avenue SW, Washington DC 20201. This needs to be done within 180 days of when the violation occurred. You can also complain to the Office of Civil Rights by calling 866-627-7748.

If you make a complaint to Home's Privacy Officer or to the Secretary of Health and Human Services, there will be no retaliation against you and your residency at the N.J.F.H will not be affected.

New Jersey Firemen's Home Privacy Officer

Hugh E. Flood, Superintendent
565 Lathrop Ave.
Boonton, N.J 07005
(973)334-0024 Ext: 11

EXAMPLE

NEW JERSEY FIREMEN'S HOME (A Smoke-Free Facility)
565 Lathrop Avenue, Boonton, NJ 07005 LTC____ RC____
973-334-0024

APPLICATION FOR ADMISSION

Upon completion of application, please contact your respective County Manager.
DO NOT SEND APPLICATION DIRECTLY TO THE FIREMEN'S HOME.

Date: 2/17/10

TO THE BOARD OF MANAGERS
Application is hereby respectfully made for admittance to the New Jersey Firemen's Home.

NAME OF APPLICANT: WILLIAM FRANKS

I. GENERAL INFORMATION CONCERNING PROSPECTIVE APPLICANT

Home Address 121 SOUTH JACKSON ST.
City LAKE HOLLOW State NJ Zip 00301
Telephone Number(s) 973-111-5465
Social Security Number 123-04-5678 Age 70
Date of Birth 1/25/40 Birthplace LAKE HOLLOW Citizen of U.S.
Applicant's marital status MARRIED Does applicant have children? X Yes ___ No
Applicant is now at ___ Home ___ Hospital* ___ Nursing Home* X Other*
Please identify location. *Name CHILTON NURSING HOME
Contact Person @ Facility: MS. T. SMITH
Address 508 W. PARKWAY, POMPTON PLAINS
Tele # 973-835-2400 How Long? 80 DAYS

Have you ever made a previous application for admittance to the New Jersey Firemen's Home? ___Yes X No

If yes, when _____ state reason for wishing to enter now

_____.

Applicant's primary language X English ___Other, please specify _____
Education HIGH SCHOOL - 12th Former Occupation LABORER - CONSTRUCTION
Religion☆ PROTESTANT Church☆ FIRST REFORMED CHURCH
Pastor REV. THOMPSON Tele # 973-111-0460

A. Please identify person(s) to be notified in case of emergency:

1. Name MAE FRANKS Address 121 SOUTH JACKSON ST
City LAKE HOLLOW State NJ Zip 00301
Tele # Home (973) 111-5465 Business (___) — Cell (973) 442-8716
Email: MFRANKS@AOL.COM FAX: —
Occupation HOUSEWIFE Relationship WIFE
Will this person(s) help defray cost of Health Care/Nursing Home Care? X Yes ___ No

☆ Optional

2. Name JOHN FRANKS Address 9 ELM ST.

City SMITHVILLE State NJ Zip 62010

Tele # Home (609) 588-4772 Business (609) 584-8900 x112 Cell (609) 482-1234

Email: JFRANKS@OPTONLINE.NET FAX: —

Occupation WAREHOUSE MGR. Relationship SON

Will this person(s) help defray cost of Health Care/Nursing Home Care? ___Yes X No

3. Name MRS. MARY PETERS Address 527 NORTHWEST ST

City MAYWOOD State NJ Zip 01702

Tele # Home (201) 785-8294 Business (___) — Cell (___) —

Email: PETERSM@VERIZON.NET FAX: ___

Occupation HOUSEWIFE Relationship DAUGHTER

Will this person(s) help defray cost of Health Care/Nursing Home Care? ___Yes X No

Who holds Power of Attorney *, if any: *PLEASE ATTACH COPY

Name JOHN FRANKS Tele # (609) 588-4772

Living Will*/Advance Directive*: X Yes ___No *PLEASE ATTACH COPY

Funeral / Burial Arrangements:

1. Name of Funeral Home HOPPER FUNERAL HOME

Address 23 MAIN ST., LAKE HOLLOW, NJ 00301

Tele # (609) 785-4281 Prepaid X Yes ___ No

2. Cemetery Plot:

Name of cemetery ___

Address ___

Tele # (___) ___ Prepaid ___Yes ___ No

3. Donation of Body Parts: ___Yes X No

If yes, what and to whom? ___

Cremation: ___Yes X No

Military Status: X Yes ___No If yes, Branch of Service NAVY

Dates of Service: 3/1946-1/1950 Service Serial Number: 843792041

Type of Discharge: HONORABLE

II. MEDICAL INFORMATION CONCERNING APPLICANT

A. Current problems, if any SHORTNESS OF BREATH

How long has this problem existed? 1 1/2 YEARS

Please list current medications OXYGEN (SOMETIMES)

Applicant's last hospitalization 4/28/2000

For what? SHORTNESS OF BREATH

How long? 4 DAYS

Has the applicant ever been in a Nursing Home? X Yes ___ No

Where CHILTON NURSING HOME How long? 80 DAYS

Why did resident leave Nursing Home? TRANSFER TO FIREMEN'S HOME

Any problems there? SHORTNESS OF BREATH

B. Applicant's special needs:

Grooms self X Yes ___ No Special diet ___ Yes X No

Dresses self X Yes ___ No Please specify _____

Bathes self X Yes ___ No Special skin care ___ Yes ___ No

Other _____

Please list applicant's current clothing sizes: waist 42 inseam 30 shirt XL shoe 10-W

Applicant's physical mobility X Walks unassisted ___ Uses wheelchair

___ Walks only with assistance ___ Uses walker ___ Bed-bound

Is applicant incontinent? ___ Yes X No ___ Bowel ___ Bladder ___ Both

Does applicant wear glasses? ___ Yes X No

When was last eye exam? 12/10/08

Does applicant wear dentures? ___ Yes X No

When was last dental/gum exam? 8/22/07

Oxygen needed X Catheter ___

Does applicant have any physical deformities that require special care and attention?

___ Yes X No If yes, please describe _____

C. Applicant's mental status

Does the applicant usually desire to be dressed and groomed properly? X Yes __ No

If no, please explain _____

Does the applicant manifest any signs of unusual or bizarre behavior? __ Yes X No

__ Occasionally

Is the applicant alert? X Yes ___ No Cooperative? X Yes ___ No

Is the applicant quiet and controlled? X Yes ___ No

Is the applicant combative? ___ Yes X No

Does the applicant have episodes of crying, screaming, yelling? ___ Yes X No

Does the applicant have a tendency to wander? ___ Yes X No

Does the applicant have violent outbursts of temper? ___ Yes X No

Does the applicant generally get along well with others? X Yes ___ No

Does the applicant like to converse and socialize with others? X Yes ___ No

Does the applicant enjoy/appreciate the opportunity for external activities? X Yes __ No

Does the applicant tend to be depressed and withdrawn? ___ Yes X No

State any other significant event or occurrence you recall about the applicant's mental condition NONE

III. HEALTH INSURANCE INFORMATION CONCERNING APPLICANT

PRIMARY INSURANCE COMPANY MEDICARE

Policy # 123-04-5678 A Group #

Policy Holder SELF DOB 1/25/1940

Relationship To Patient SELF

SECONDARY INSURANCE COMPANY AARP

Policy # AP2578432N Group # 471836413

Policy Holder SELF DOB 1/25/1940

Relationship To Patient SELF

PRESCRIPTION INSURANCE COMPANY CAREMARK

Policy # C9714605 Group # 39845712

Policy Holder SELF DOB 1/25/1940

Relationship To Patient SELF

PLEASE ATTACH COPIES, BOTH FRONT AND BACK, OF ALL INSURANCE CARDS WITH APPLICATION.

Will the applicant pay for stay with his/her own funds? X Yes ___ No

Has the applicant applied, or will the patient be applying for Medicaid or Public Assistance?

___ Yes X No If applicant has applied:

Date_____ Caseworker's Name_____

Where_____ Tele #_____

Does applicant have any other insurance that will cover Nursing Home?

___ Yes X No If yes, please identify:

Company _____

Policy Number_____ Agent's Name_____

- ***PLEASE DO NOT REFILL/ORDER PRESCRIPTIONS PRIOR TO ADMISSION. ON ADMISSION, OUR MEDICAL DIRECTOR WILL ASSESS ALL MEDICATIONS CURRENTLY IN USE BY THE APPLICANT.***
- ***AS PART OF THE ADMISSION AGREEMENT, THIS FACILITY DOES NOT PERMIT PHARMACEUTICALS FROM OUTSIDE PHARMACIES. THIS IS IN THE BEST INTEREST OF SAFETY AND ECONOMIC CONSIDERATIONS FOR EACH RESIDENT. FOR FURTHER QUESTIONS, PLEASE CONTACT OUR SOCIAL WORKER OR DIRECTOR OF NURSING.***

IV. FINANCIAL INFORMATION CONCERNING APPLICANT

A. Cash Assets

Bank CHASE BANK Location ANYTOWN, US

Checking Acct. No. 00 1435810 Savings Acct. No. 04697258

Balance in Account $ 4,138.75 Balance in Account $ 20,000

Certificates of Deposit? X Yes ___ No If yes, approx. amt. $ 30,000

Safe Deposit Box? X Yes ___ No

If yes, please indicate bank and location CHASE BANK, ANYTOWN-US

B. Monthly Income

Social Security $ 1,281.00 Railroad $ — Interest $ 121.00

Private Pension $ 1,103.00 Civil Service $ — Dividends $ 289.00

Veterans Benefits $ 242.00 Other $ —

C. Real Estate Assets

Does applicant own home? X Yes ___ No Approx. Value $ 300,000

Does applicant own any other property? ___ Yes X No

If yes, where is property located? _____

Does applicant receive any "rental" income? ___ Yes X No

If yes, how much per month? $ _____ Per year? $ _____

D. Life Insurance Cash Value

Does resident have life insurance policies with cash values? X Yes ___ No

Approx. amount of cash value $ 15,000.00 Annuities $ NONE

Company Name JOHN HANCOCK

Agent's name MIKE WILLIAMS Agent's Tele # (609) 343-5826

E. Securities

Does the applicant own stocks and bonds? ___ Yes X No

Approx. value of all securities $ _____

Agent handling securities: Name _____

Address _____

Tele # (___) _____

According to the best of my knowledge, the foregoing information is accurate and true in all respects. I agree, if admitted, to abide by the regulations of the New Jersey Firemen's Home.

John Franks (POA)-Son

Signature of Applicant and/or Signature of Person Acting for Applicant

Date

9- Elm Street, SMITHVILLE, NJ

Address

609-588-4772

Tele # Relationship

Prepared by:
THOMAS H. WARD, ESQUIRE
Solicitor, New Jersey Firemen's Home

AGREEMENT TO REIMBURSE

THIS AREEMENT made this _____ day of _____ in the year of our Lord two thousand and _____ between WILLIAM FRANKS hereinafter called the applicant and _____ spouse and/or family of said applicant, part(y) (ies) of the first part, and the Board of Managers of the New Jersey Firemen's Home.

The following is an agreement concerning the reimbursement of the Firemen's Home for all services and boarding provided by the Home for the benefit of its Guest.

A. By execution of this document and admission to the Home, the Guest and his/her estate agree to be obligated to pay all sums due the Firemen's Home for the care of the Guest.
B. All income which the Guest may entrust to the Home by means of Power of Attorney or assignment may be used for payment or reimbursement of any costs incurred or advanced by the Home on behalf of the Guest.
C. The Guest shall be responsible for the maintenance fee as may from time to time be established by the Board of Managers of the New Jersey Firemen's Home.
D. Execution of this document shall constitute permission to the Home physician to obtain all medical information respecting the Guests from any source.
E. The Guest or his/her estate shall be absolutely responsible for all costs incurred by the Home on behalf of the Guest. This responsibility shall be present regardless of Medicare eligibility or other medical reimbursement plans.
F. A quarterly statement will be issued for each quarter which shall show all deposits to and withdrawals from the Guest's account.
G. The present monthly maintenance fee is ($ 850.00) Dollars and is payable upon entry into the Home and then monthly thereafter.
H. If sufficient or excess funds remain in the Guests medical account, the interest accrued from the invested monies, will be transferred to the General Account and used to operate the Home. STATE STATUTE: 30:4-67-1 Eff. June 14, 1938

I, JOHN FRANKS, say that all facts, matters, and things set forth in the foregoing applications are true to the best of my knowledge and belief.

Dated: 2/17/10

John Franks
Applicant's Signature

_____
Signature of Spouse/Family

SON - POA
Relationship to Applicant

Sworn to and Subscribed
before me this _____ day
of _____, 20___.

TO BE NOTARIZED

_____
Notary Public, State of _____

LIMITED DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, WILLIAM FRANKS, referred to herein as principal, now a Guest of the New Jersey Firemen's Home, 565 Lathrop Avenue, Boonton, New Jersey, 07005, designated the Superintendent or Treasurer of the New Jersey Firemen's Home as my attorney in fact and agent (thereinafter called "Agent") in my name and for my benefit.

1. Limited Grant of Power. To do each and every act which I could personally do for the following limited uses and purposes:
   A. to endorse and negotiate all checks, drafts, pension payments, Social Security checks, supplemental Social Security income or other income payments received by Guest at the New Jersey Firemen's Home.
   B. to review and approve quarterly accounting reports of the Guest as issued by the New Jersey Firemen's Home.
   C. to complete, endorse, execute and take all steps necessary for the processing of all medical insurance or reimbursements claims to Medicaid, Medicare, Blue Cross Blue Shield of New Jersey or any private or public health insurance plan in which the Guest is participating.
   D. to manage and distribute a personal allowance to the Guest from any funds entrusted to the Home on behalf of the Guest in such amounts as determined by the appropriate officers of the Home.
   E. to apply for assistance to the Local Firemen's Relief Association in the fire district or municipality where the Guest resided. This assistance shall be applied to the Guest account held by the Home and be utilized for medical expenses of the Guest.
   F. in the event of an emergency, I authorize the Superintendent to direct my transfer and treatment to a medical facility appropriate for my medical needs.

THIS POWER SHALL SPECIFICALLY NOT APPLY TO PROPERTY, REAL OR PERSONAL, POSSESSED OR MAINTAINED BY THE GUEST OUTSIDE THE HOME.

2. Interpretation and Governing Law. This instrument is to be construed and interpreted as a durable power of attorney. The enumeration of specific powers herein is intended to limit and restrict the powers herein granted to my Agent. This instrument is executed and delivered in the State of New Jersey and the laws of the State of New Jersey shall govern all questions as to the validity of this power and the construction of its provisions.
3. Third-Party Reliance. Third parties may rely upon the representatives of my Agent as to all matters relating to my power granted to my Agent, and no person who may act in reliance upon the representations of my Agent or the authority granted to my Agent shall incur any liability to me or my estate as a result of permitting my Agent to exercise any power. Any third party may rely on a duty executed counterpart of this instrument, or a copy certified by my Agent to be a true copy of this original hereof, as fully and completely as if such third party had received the original of this agreement.
4. Disability of Principal. *N.J.S.A.* 46:2B-8 authorizes me to provide that this power of attorney shall not be affected by my disability as principal and I declare this power of attorney shall not terminate upon my disability. The power(s) conferred by this document shall be exercisable from this date notwithstanding a later disability or incapacity on my part and shall be valid until such time as I shall die or revoke this power.

IN WITNESS WHEREOF, I have herein set my hand and seal this day of _____, 20__.

Sworn to and Subscribed
before me this _____ day
of _____, 20___.

_____
Signature of Guest

_____
Notary Public, State of _____

TO BE NOTARIZED

2 PAGES TO BE COMPLETED

New Jersey Firemen's Home
565 Lathrop Avenue, Boonton, NJ 07005
(973) 334-0024

MEDICAL CERTIFICATION OF LOCAL PHYSICIAN

NAME: _____ AGE ____ DATE: _____

PHYSICAL EXAMINATION:

Eyes: - (Visual Diagnosis, i.e., Glaucoma, macular degeneration, lens replacements)

_____

Ears: - (Hearing conditions, hearing aids) _____

Mouth, Nose & Throat: _____

Neck: Thyroid _____ Glands _____

Lungs: _____

Cardiovascular: BP _____ Pulse _____ Heart _____

Murmurs _____ Rhythm _____ Size _____

Varicose Veins _____ Peripheral Circulation _____

Abdomen: General _____

Hernia _____ Varicocele _____ Hydrocele _____

Extremities: Amputations _____ Edema _____ Gait _____

Stasis Dermatitis _____ Ambulatory _____ Weight Bearing _____

Spine and Joints: _____

Skin _____ Rashes _____ Good _____ Bed Sores _____

Food: Independent Eating: _____ Assistance: _____

Diet: _____

Allergies: Medication _____

Food & Environmental _____

Have you been hospitalized within the last year: Yes ___ No ___

If YES, when _____ to _____ where _____

what for _____

Medications: (Presently taking and why)

_____

_____

_____

Additional Information – Past Medical & Surgical History:

_____

_____

_____

MEDICAL CERTIFICATION OF LOCAL PHYSICIAN (Continued)

Habits: Alcohol _____ Tobacco _____ Drugs _____

REVIEW OF SYSTEMS

Cardiovascular: RHD _____ CHF _____ Hypertension _____

Myocardial Infarction _____ Other _____

Respiratory: Asthma _____ Emphysema _____ Chronic Bronchitis _____

Previous TB _____ Date of last chest x-ray _____ Result: _____

Gastro – Intestinal: GB Disease _____ Ulcer _____

Recurrent or chronic _____ Hemorrhoids _____

Bowel habits, regular_____ Constipated _____

Genito - Urinary: Pyelonephritis _____ Calculi _____ Cystitis _____

Musculo - Skeletal: Rheumatoid Arthritis _____ Osteoarthritis _____ Osteoporosis _____

Significant Injuries: _____

_____

Previous Vascular Accident: Thrombotic ___ Hemorrage ___ Undetermined ___

Other Disorder: _____

_____

Endocrine: Diabetes ___ Thyroid Problem ___ Other _____

Additional Information: _____

_____

_____

_____

_____ _____

Date Signature of Physician

*** REMINDER TO THE APPLICANT *** **In addition to these Medical Certification of Local Physician Forms it is mandatory that a Neurological Evaluation and a Psychiatric Evaluation be performed by a professional Neurologist and a professional Psychiatrist. The evaluations are to be typed and submitted on the professional's Evaluation Form (the New Jersey Firemen's Home does not supply the evaluation forms).**

EXAMPLE – PSYCHIATRIC EVALUATION

NOTE: ALL EVALUATIONS MUST BE TYPED OR THEY WILL NOT BE ACCEPTED

Month/Day/Year

New Jersey Firemen's Home
Attn: Superintendent
565 Lathrop Avenue
Boonton, NJ 07005

RE:

Dear Sir:

This is an elderly white widowed male, who was first seen by me on 1994, as the patient was depressed.

The patient is a resident of and he was referred from the nursing home as the patient was expressing depression and suicidal comments.

HISTORY OF PRESENT ILLNESS: This elderly white gentlemen's wife had died in December of 1993 and in March of 1994 the patient underwent a right below knee amputation. After the surgery the patient started getting depressed. He was not doing well, he was withdrawn, would not take care of his ADL's and hence he was referred to me.

The patient, however, denied suicidal ideations to me at that time. He was started on Paxil 20mg orally at bedtime and Xanax was discontinued and he was started also on Ativan 0.25mg orally three times a day.

On subsequent evaluations, on 6-15-94, the patient apparently was doing well, responding well to Paxil. The patient since then has been subsequently followed by me. His last evaluation was on 4-24-95, at the time of evaluation the patient appeared to be doing fairly well. He was, in a way, hypertalkative, a good historian and related well. Casually groomed. Mood appeared to be euthymic. Affect appeared to be appropriate. I did not detect any signs of psychosis. He was alert and oriented times three. No suicidal or homicidal ideation's. He knew the year, month, date. I did not detect any paranoia or any guardedness. Memory and cognitively he remained unchanged since the first evaluation, he was doing fairly well. Insight and judgment of his problems appeared to be fair.

IMPRESSION:	AXIS I:	MAJOR DEPRESSION, MODERATE, WITHOUT PSYCHOTIC FEATURES.
	AXIS II:	NONE.
	AXIS III:	RIGHT BELOW KNEE AMPUTATION.

PLAN: At this time I consider the patient to be pretty stable. He is apparently responding very well to Paxil, on 40mg of Paxil and Ativan 0.25mg orally twice a day. The patient was given an appointment to see me in 6 weeks time. I do not detect that there can be any problems with the patient at the nursing home.

If there are any questions regarding this, please contact me at my office.

Sincerely yours,

(Signature)

EXAMPLE – NEUROLOGICAL EXAM

NOTE: ALL EVALUATIONS MUST BE TYPED OR THEY WILL NOT BE ACCEPTED

Month/Day/Year

New Jersey Firemen's Home
Attn: Superintendent
565 Lathrop Avenue
Boonton, NJ 07005

RE:

Dear Sir:

This is an year old, white male who has been diagnosed with Parkinson's Disease, although it is unclear when, who now is referred for neurologic evaluation prior to entering the Firemen's Home in Boonton, NJ. The patient is accompanied by his nurse who states that he has been confused and agitated at night, sleeps during the day and is awake during the night, and for this reason he has begun on Restoril and Elavil. The patient has a past history of colostomy for an intestinal perforation in 1987, hypertension, congestive heart failure, ASHD and Parkinsonism. His medications include Lanoxin, Haldol, aspirin, Elavil, Restoril, Bumex, Cardizem, Metamucil, MOM, Lotrisone cream and Otocort. The patient is unable to give me any additional history and previous medical records are unavailable aside from a brief letter from his family physician. Patient does not complain of headaches, diplopia, weakness, numbness, tingling or speech difficulty. He is ambulatory at times but does have difficulty with balance and walking.

The patient is awake and alert. He is oriented to locations. He knows that he is in , NJ. He is oriented to year but disoriented to month and day, stating that is . He can name the current president by no previous presidents. He can spell a five-letter word forward but not backwards. He is able to calculate that there are 20 nickels in a dollar and that 60 nickels equal three dollars. He remembers two out of three objects after ten minutes.

On cranial nerve exam, the pupils are equal and reactive to light. Extraocular movements are full without nystagmus or diplopia. Visual fields are full to confrontation. Fudni are benign. Facial sensation and symmetry are intact. The tongue is midline. The palate moves symmetrically. Motor strength is 5/5. There is cogwheel rigidity noted bilaterally in the upper extremities. There is no tremor noted. The reflexes are 2+ and symmetrical. Plantar responses are flexor. The gait can not be tested. Coordination appears grossly intact. There is a positive snout reflex. A right pulmimental reflex and a negative grasp reflex. The patient exhibits a mask like facies and brady frenia and brady kynesia.

My impression is that the patient has a dementia but it is unclear whether a work up has been performed and I would recommend obtaining a CAT scan of the brain with contrast, B12, Folate level, VDRL as further evaluation of his dementia. A T4 was provided with his records, which is within normal limits. If the patient is diagnosed to have Alzheimer's Disease, I would recommend instituting therapy with Cognex, 10mg QID and monitoring weekly SGPT, as he appears to have a very mild dementia at the present time and would be a good candidate for therapy with Cognex. I would recommend strongly discontinuing the Elavil and Restoril in particular the Restoril, which is a Bendsodiazapien and will increase confusion in the elderly and in dementia patients. I feel in addition his Haldol should be discontinued because of the potential of Parkinsonian symptoms related strictly to Haldol. I would recommend substituting Mellaril 25mg or 50mg

(continued)

at bedtime and 25mg as needed during the day for any agitation which the patient may exhibit. Mellaril will cause fewer potential side effects and Parkinsonism compared to Haldol. If after switching this medication the patient remains Parkinsonism I would recommend beginning Sinemet CR, 1 tab PO BID with a later addition of Eldepryl for control of his Parkinsonism symptoms, which also appear to be relatively mild to moderate at the present time.

At the present time his diagnosis is Parkinsonism and Dementia. It is unclear whether these are strictly related to medications which he is receiving which could cause both confusion and Parkinsonism symptoms or whether these do represent true Alzheimer's Disease and Parkinson's Disease.

If you require any further information, please do not hesitate to contact this office.

Sincerely yours,

(Signature)

It is mandatory that all applicants submit current (within the last six months) Neurological and Psychiatric Evaluations with their Application for Admittance for the Medical Director's review. Aforementioned evaluations must be typed and signed by the doctor performing the evaluation.

RESPONSIBILITIES OF THE RESIDENT

State of Acknowledgment

Resident

I, William Franks, a resident of this facility, certify that I have received a written copy of my obligations and responsibilities to the facility. I further certify that my rights and responsibilities were reviewed with me and that I understand them and agree to abide by them to the best of my ability.

Date	(Signature – Resident)
	or
2/17/10 Date	John Franks - POA (Signature – Agent/Power of Attorney For Resident)

A COPY OF THIS DOCUMENT MUST BE FILED IN THE RESIDENT'S MEDICAL RECORD

APPLICANT'S NAME: William Frawks

Report of the Local Fire Company and/or Relief Association

DATE OF REPORT _____

THE _____ FIRE COMPANY
(Name of Fire Company)

OF THE _____ FIRE DEPARTMENT OF _____

AT A MEETING HELD _____ DOES HEREBY CERTIFY _____,
(Name of Applicant)

THAT THE FIRE DEPARTMENT IS UNDER MUNICIPAL CONTROL, AND THAT THE RECORDS HAVE BEEN EXAMINED AND SHOW THAT THE APPLICANT WAS AN ACTIVE MEMBER OF SAID FIRE DEPARTMENT FOR A MINIMUM OF ONE (1) YEAR HAVING BEEN ADMITTED AS AN ACTIVE MEMBER ON _____, AND RETIRING FROM ACTIVE SERVICE THROUGH _____ ON _____; AND THAT SAID APPLICANT IS A
(Resignation or Suspension) (Date)

PROPER PERSON TO BE ADMITTED TO THE FIREMEN'S HOME.

CERTIFED BY THE LOCAL FIRE COMPANY

PRESIDENT (Print Name) :_____ (SIGNATURE):_____

PHONE: (___)_____

SECRETARY (Print Name): _____ (SIGNATURE)):_____

PHONE: (___)_____

CERTIFIED BY THE LOCAL FIREMEN'S RELIEF ASSOCIATION

TRUSTEES: _____

_____

_____

LOCAL RELIEF ASSOCIATION:

PRESIDENT (Print Name): _____ (SIGNATURE) : _____

PHONE: (___)_____

SECRETARY (Print Name):_____ (SIGNATURE): _____

PHONE: (___)_____

RELIEF ASSOCIATION _____ COUNTY_____
PRINT NAME OF ASSOCIATION

(DO NOT FILL OUT

APPLICANT'S NAME: WILLIAM FRANKS

MANAGER'S CERTIFICATION

I, _____, a member of the Board of Managers representing _____ County, hereby certify that the application is in order, propose the applicant for admission.

_____ _____

Date Manager Signature

RECOMMENDATIONS OF APPLICATION COMMITTEE

Date: _____

We find the application is in order as of this date and recommend the admission of the applicant.

_____

Signature – Chairman Application Committee

ORDER OF ADMISSION

Date of Board Action: _____

The foregoing application is hereby approved and the formal admission is recommended by the Board of Managers _____ Executive Committee _____

All applications will be approved or disapproved at any regular or special meeting of the Board of Managers or the Executive Committee and signed by at least six (6) members of the Board of Managers.

Managers: _____ _____

_____ _____

_____ _____

_____ _____

Register No.: _____ Book _____ Page _____

Approved: _____ Admitted: _____ Rejected: _____

For Use of Home Physician Only

MEDICAL CERTIFICATION OF HOME PHYSICIAN

I have examined the within applicant and **(DO)** ___ **(DO NOT)** ___ recommend his admission.

Date: _____ _____ M.D.

Signature – Home Physician

Comments/Remarks: _____

NOTARY PUBLIC PAGE ONLY

GENERAL ACKNOWLEDGEMENT STATING THAT ALL NECESSARY PAPERS HAVE BEEN SIGNED BY THE APPROPRIATE PERSONS

STATE OF _____)
SS:
COUNTY OF _____)

On the _____ day of _____, 20____, before me the undersigned authority, personally appeared WILLIAM FRANKS, who in due form of law acknowledged the foregoing to be his/her act and deed and desired it to be recorded as such.

Witness my hand and seal the day and year aforesaid.

_____
NOTARY PUBLIC, STATE OF _____

TO BE NOTARIZED

ACKNOWLEDGEMENT OF RECEIPT OF GENERAL INFORMATION ABOUT *THE NEW JERSEY FIREMEN'S HOME*

Please initial to the right of each of the line items below to signify that the information has been read and understood by the applicant and/or his representative:

		Initials
1.	Notice Of Monthly Assessment / Description Of Charges	JF
2.	General Information on NJFH Operation	JF
3.	Responsibilities of NJFH Resident with Covered/Non-Covered Charges	JF
4.	List of Suggested Clothing	JF

Date: 2/17/10 John Franks (Print Name) John Franks (POA) Signature

WITNESS: Amy Morgan (Print Name) Amy Morgan Signature

New Jersey Department of Human Services
Division of Aging Services
P.O. Box 807
Trenton, NJ 08625-0807

NOTICE OF REFERRAL FOR LEVEL II PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) EVALUATION

CONSUMER INFORMATION	
Name of Consumer	Date
Address of Consumer	

PROVIDER / AGENCY / PROGRAM INFORMATION	
Name of Provider/Agency/Program	
Street Address	Telephone Number
City, State, Zip Code	Fax Number

Attention: _____
(Name)

Check One: ☐ Consumer ☐ Authorized Representative

A review of clinical documentation for the above-named consumer indicates evidence of one or several of the following conditions *(screener please check all that apply)*:

- ☐ Serious Mental Illness
- ☐ Intellectual Disability
- ☐ Related Condition (Developmental Disability)
- ☐ Dementia with Behavioral Disturbances in Acute Psychiatric/Behavioral Health Unit or Facility

As a result, the consumer is being referred to the State Mental Health Authority and/or State Developmental Disabilities Authority for a Level II Pre-Admission Screening and Resident Review (PASRR) Evaluation. The reason for additional evaluation is to determine if the consumer requires any specialized services for the condition(s) as checked above.

This evaluation must be completed before the consumer can be approved for admission to a nursing facility.

Questions should be referred to the Department of Human Services, Division of Mental Health and Addiction Services at 1-800-382-6717 and/or the Department of Human Services, Division of Developmental Disabilities at 1-800-832-9173.

Name of Level I Screening Professional *(Print)*	Title of Screening Professional
Signature of Screening Professional	Date of Referral to Level II Authority(ies)

PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL I SCREENING TOOL

*This form must be completed for all applicants **PRIOR** to nursing facility admission in accordance with Federal Regulations 42 CFR 483.106.*

PLEASE PRINT AND COMPLETE ALL QUESTIONS.

NF Applicant PAS Status
- ☐ Current PAS on File
  PAS Date: _____
- ☐ Referral to OCCO for PAS,
  Referral Date: _____
- ☐ Private Pay
- ☐ Other (Specify):
  _____

SECTION 1 - DEMOGRAPHICS

Name of Applicant *(Last Name, First Name)*		Social Security Number
Current Location Address	County of Current Location	Date of Birth

Current Location Setting
☐ Hospital ☐ Assisted Living Residence ☐ Group Home/Boarding Home
☐ Home/Apartment ☐ Residential Health Care Facility ☐ Other (Specify): _____

SECTION 2 – BEHAVIORAL HEALTH SETTING

1. Is the individual currently in an acute psychiatric facility, a psychiatric unit of an acute care hospital, or a state/county psychiatric hospital? ☐ Yes ☐ No

SECTION 3 - MENTAL ILLNESS

2. a. Does the individual have a diagnosis of dementia (including Alzheimer's Disease or related disorder) based on criteria in the DSM-IV? ☐ Yes ☐ No
   DSM-IV Code: _____
   b. The diagnosis was made on the basis of (check all that apply):
   ☐ Mental Status Exam ☐ Neurological Exam ☐ History and Symptoms
   ☐ Other Diagnostics (specify): _____

3. Has the physician **documented** dementia as the primary diagnosis **OR** that dementia is more progressed than a co-occurring mental illness diagnosis? ☐ Yes ☐ No ☐ N/A
   NOTE: Respond **N/A (not applicable)** if response to Question 2 is NO.

4. Does the individual have a diagnosis or evidence of a major mental illness limited to the following disorders: schizophrenia, schizoaffective, mood (bipolar and major depressive type), paranoid or delusional, panic or other severe anxiety disorder; somatoform or paranoid disorder; personality disorder; atypical psychosis or other psychotic disorder (not otherwise specified); or another mental disorder that may lead to chronic disability? ☐ Yes ☐ No
   Based on the DSM-IV, specify **Psychiatric Diagnosis(es):**
   _____
   _____

5. Within the past 6 months, has the individual had a significant impairment in functioning related to a suspected or known diagnosis of mental illness? ☐ Yes ☐ No
   (Check all that apply):
   ☐ ***Interpersonal functioning***. The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.
   ☐ ***Concentration, persistence, and pace***. The individual's ability to pay attention long enough to complete tasks appropriately and on time, including tasks commonly found in work settings. Marked limitations means that the individual cannot complete simple tasks accurately and consistently: 1.) without extra help or supervision; 2.) without too many rest periods; or 3.) without too many interruptions or distractions.
   ☐ ***Adaptation to change***. The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

Name of Applicant *(Last Name, First Name)*	Social Security Number

6. Within the last 2 years, has the individual had any history of inpatient or partial care/partial hospitalization treatment or has had two or more visits to a Community Mental Health Screening Center? ☐ Yes ☐ No
   Has the individual been involved with Program of Assertive Community Treatment (PACT) or Integrated Case Management Services? ☐ Yes ☐ No
   If yes, explain and provide dates:

   _____

   _____

SECTION 4 – INTELLECTUAL DISABILITY/DEVELOPMENTAL DISABILITY

7. Does the individual have a diagnosis of mental retardation (mild, moderate, severe or profound)? ☐ Yes ☐ No
8. Does the individual have a severe, chronic disability with date of <u>onset prior to age 22</u> that is attributable to a condition other than mental illness that results in impairment of general intellectual functioning or adaptive behavior (e.g., related conditions such as autism, seizure disorder, cerebral palsy, spina bifida, or head injury)? ☐ Yes ☐ No
9. Is there a history of ID/DD or related condition in the individual's past? ☐ Yes ☐ No
10. Is there any presenting evidence (cognitive or behavior characteristics) that may indicate the person has ID/DD or related condition? ☐ Yes ☐ No
    If yes, explain:
11. Does the individual currently receive services paid through the Division of Developmental Disabilities? (For example, day habilitation, group home, case management, Community Care Waiver, Real Life Choices, Family Support, or Self Determination) ☐ Yes ☐ No

SECTION 5 – PASRR LEVEL I BEHAVIORAL HEALTH SETTING SCREEN

Instructions: *Determine outcome by first matching responses to lead question 1. Locate the row with the correct ANY and/or ALL response fields, then place a check in <u>ONLY ONE BOX</u> and proceed as directed.*

A. **Question 1 YES**	**OUTCOME**
If <u>ANY</u> Questions 2-6 YES – and - **<u>ANY</u> Questions 7-11 YES**	☐ **POSITIVE Screen** Refer to BOTH Division of Mental Health and Addiction Services AND Division of Developmental Disabilities **SKIP TO SECTION 7, CATEGORICAL DETERMINATION**
If <u>ANY</u> Questions 2-6 YES – and - **<u>ALL</u> Questions 7-11 NO**	☐ **POSITIVE Screen** Refer to Division of Mental Health and Addiction Services **SKIP TO SECTION 7, CATEGORICAL DETERMINATION**
If <u>ALL</u> Questions 2-6 NO – and - **<u>ANY</u> Questions 7-11 YES**	☐ **POSITIVE Screen** Refer to BOTH Division of Mental Health and Addiction Services AND Division of Developmental Disabilities **SKIP TO SECTION 7, CATEGORICAL DETERMINATION**
If <u>ALL</u> Questions 2-6 NO – and - **<u>ALL</u> Questions 7-11 NO**	☐ **POSITIVE Screen** Refer to Division of Mental Health and Addiction Services **SKIP TO SECTION 7, CATEGORICAL DETERMINATION**

B. Question 1 NO — **Proceed to Section 6 and continue with PASRR Level I MI/ID/DD Screening Outcome.**

Name of Applicant *(Last Name, First Name)*	Social Security Number

SECTION 6 – PASRR LEVEL I MI/ID/DD SCREENING OUTCOME

Instructions: *Determine outcome by first matching responses to lead questions 2 and 3 to Category C or D below. Locate the row with the correct ANY and/or ALL response fields, then place a check in ONLY ONE BOX beside applicable outcome.*

C. Question 2 YES / Question 3 YES	OUTCOME
If ANY Questions 4-6 YES – and - **ANY Questions 7-11 YES**	☐ **POSITIVE Screen** Refer to Division of Developmental Disabilities
If ANY Questions 4-6 YES – and - **ALL Questions 7-11 NO**	☐ **NEGATIVE Screen** Admit to Nursing Facility
If ALL Questions 4-6 NO – and - **ANY Questions 7-11 YES**	☐ **POSITIVE Screen** Refer to Division of Developmental Disabilities
If ALL Questions 4-6 NO – and - **ALL Questions 7-11 NO**	☐ **NEGATIVE Screen** Admit to Nursing Facility

D. Question 2 YES / Question 3 NO **- OR -** Question 2 NO / Question 3 N/A	**NOTE:** **Outcomes are the same for both sets of lead questions to the left.**
If ANY Questions 4-6 YES – and - **ANY Questions 7-11 YES**	☐ **POSITIVE Screen** Refer to **BOTH** Division of Mental Health and Addiction Services **AND** Division of Developmental Disabilities
If ANY Questions 4-6 YES – and - **ALL Questions 7-11 NO**	☐ **POSITIVE Screen** Refer to Division of Mental Health and Addiction Services
If ALL Questions 4-6 NO – and - **ANY Questions 7-11 YES**	☐ **POSITIVE Screen** Refer to Division of Developmental Disabilities
If ALL Questions 4-6 NO – and - **ALL Questions 7-11 NO**	☐ **NEGATIVE Screen** Admit to Nursing Facility

SECTION 7 – CATEGORICAL DETERMINATION FOR LEVEL I POSITIVE SCREENS

If the Level I Screener is requesting an abbreviated Categorical Determination, please place a check in the box beside the appropriate condition/circumstance:

☐ Terminal Illness ☐ Severe Physical Illness ☐ Respite Care ☐ Protective Service (APS)

DMHAS: Visit DMHAS website for Categorical Determination Form http://www.state.nj.us/humanservices/dmhs/home/forms.html.

DDD: Contact DDD Regional Office serving your area (see Page 4).

Name of Applicant *(Last Name, First Name)*	Social Security Number

SECTION 8 - PASRR DETERMINATION CRITERIA – LEVEL II EXEMPTED HOSPITAL DISCHARGE FOR LEVEL I POSITIVE SCREENS

NOTE: Hospital Discharge Exemption applies only to initial nursing facility admission, not resident review, nursing facility readmission or inter-facility transfer. Complete this section for all Positive Screens meeting criteria below.

EXEMPTED HOSPITAL DISCHARGE – An individual may be admitted to a skilled nursing facility directly from the hospital after receiving inpatient care (non-psychiatric) at the hospital if:

1. the individual requires skilled nursing facility services for the condition for which he/she received care in the hospital; and
2. the attending physician certifies before the admission that the individual is likely to require less than 30 days skilled nursing facility care.
3. **FAX THIS COMPLETED FORM TO DMHAS AND/OR DDD, THEN INDIVIDUAL CAN BE DISCHARGED TO NF.**

NOTE: If the individual requires care beyond the initial 30-day period, the nursing facility must notify DMHAS and/or DDD prior to the expiration of 30 days and provide a written explanation of the reason continued residence is required and the anticipated length of stay. Admission under the above exemption does not exempt the nursing facility from providing services to an individual who has mental health or ID/DD or related needs and would benefit from services.

Name of Physician *(Print)*	Signature of Physician	Date

SECTION 9 - CERTIFICATION OF SCREENING PROFESSIONAL COMPLETING LEVEL I FORM

Outcome of Level I Screen ☐ Negative Screen ☐ Positive Screen *(Check one)*: ☐ MI ☐ ID/DD ☐ MI & ID/DD	Name of Provider/Agency/Program
Name of Screening Professional Completing Form *(Print)*	Title of Screening Professional
Screening Professional Phone No.	Screening Professional Fax No.
Signature of Screening Professional Completing Form	Date

NOTE: For first time identification of MI/ID/DD, the Level I screener must provide written notice to the Nursing Facility applicant or legal representative that MI/ID/DD is suspected or known, and that a referral is being made to DMHAS and/or DDD for Level II Evaluation. The Referral Notice for a Level II Evaluation Letter (LTC-29) can be downloaded from the New Jersey Department of Human Services forms webpage.

SECTION 10 - CONTACT INFORMATION: DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES AND DIVISION OF DEVELOPMENTAL DISABILITIES

Division of Mental Health and Addiction Services:

Statewide PASRR Coordinator
Phone 609-777-0725; Fax 609-777-0662

Division of Developmental Disabilities Regional Offices:

Northern Region –
Morris, Sussex and Warren
Phone 973-927-2600; Fax 973-927-2689

Northern Region –
Bergen, Hudson and Passaic
Phone 973-977-4004; Fax 973-279-5069

Division of Developmental Disabilities Regional Offices, Cont'd:

Upper Central Region –
Essex
Phone 973-693-5080; Fax 973-648-3999

Upper Central Region –
Somerset
Phone 732-424-3301; Fax 732-968-8163

Upper Central Region –
Union
Phone 908-226-7800; Fax 908-412-7900

Lower Central Region –
Ocean and Monmouth
Phone 732-863-4500; Fax 732-863-4406

Division of Developmental Disabilities Regional Offices, Cont'd:

Lower Central Region –
Hunterdon, Mercer and Middlesex
Phone 609-588-2727; fax 609-584-1402

Southern Region –
Camden, Burlington and Gloucester
Phone 856-770-5900; Fax 856-770-5935

Southern Region –
Atlantic, Cape May, Cumberland and Salem
Phone 609-476-5200; Fax 609-909-0656

Employees Committee

Sec. 5 An Employees Committee to consist of not less than five (5) members. *

Sec. 5-A. The Employees Committee shall have the following recommendation responsibilities.

- Personnel
  - Duties
    - Responsibilities
    - Requirements
  - Policies and Benefits
    - Payroll
      - Responsibility
      - Pay Days
      - Increases – promotions
    - Job Classification
      - Hours
      - Hiring – terminations – resignations
      - Attendance – punctuality
      - Disputes
        - Salary – working
    - Leave
      - Holidays – vacation
      - Sick pay
      - Absences – other leave
    - Group Type Agreements
      - Benefits
      - Hospitalization
    - Housekeeping – Staff
      - Fire prevention and emergency plan
    - Salaries – budget
      - Rates – shift pay
      - Vacation – overtime
      - Social Security
      - Unemployment
        - State – Federal
      - Hospitalization
    - Miscellaneous
      - Lost and Found
      - Grievances
      - Solicitation
      - Leave work area
      - Use of phone
      - Notices
      - Suggestion System
      - Inspections
      - Employee Identification

Section 5. **Employee Committee**

5a **Responsibilities/Duties**

1. Establish all rules and regulations for which employees of the NJFH are to adhere to during the performance of their job description/duties.
2. Establish and receive proper approval of any and all increases for the Staff of the Home.
3. Establish and review all documents and procedures as it should pertain to an employee's reviews/job description.
4. Oversees any employee procedure changes under which the Staff of the NJFH is governed.
5. Consult with the Superintendent on the hiring/firing of any department head. The Superintendent shall have full authority to hire/fire all non-departmental employees without consultation of the Committee and inform Committee of trends, conditions and problem areas.
6. Oversee employee evaluations: employee evaluations are due to the Superintendent no later than April 15 of each year. Employees are to be evaluated by their immediate supervisor then passed to their department head and finally to t he Superintendent for approval. Department heads will evaluate the supervisors within t heir departments. The Superintendent will evaluate the department heads.
7. Initiate and collect comments from each Manager for the Superintendent's evaluation, to be received by the May meeting.

EMPLOYEE PERFORMANCE EVALUATION

Employee Name	Employee No.	Date
Department	Job Title	

Date of Hire	Date of Last Review	Date Employee Began Present Position	Date of Next review

Check One: ☐ 6 Month Review ☐ Annual ☐ Promotion ☐ End of Introductory Period ☐ Monetary ☐ Non-Monetary ☐ Other _____

KEY TO RATINGS

E: EXCELLENT - Individual performs all tasks in an exceptional manner.

G: GOOD - Individual performs many tasks well, and all other tasks adequately.

S: SATISFACTORY - Individual performs all tasks satisfactorily.

F: FAIR - Individual performs most tasks satisfactorily, but not all.

U: UNSATISFACTORY - Individual fails to perform many tasks well.

1. RESPONSIBILITIES

List the current status of overall job responsibilities.

2. ACCOMPLISHMENTS

List major job related achievements since last evaluation.

3. JOB KNOWLEDGE

Employee possesses a clear understanding of the responsibilities and tasks he or she must perform.

OVERALL RATING: *(circle one)*	E	G	S	F	U	(see key above)

Comments:

4. JOB PERFORMANCE

(QUALITATIVE) The neatness, thoroughness, accuracy and overall quality of the employee's work.

OVERALL RATING: *(circle one)*	E	G	S	F	U	(see key above)

Comments:

5. JOB PRODUCTIVITY

(QUANTITATIVE) Employee demonstrates a commitment toward achieving results. Tasks are completed efficiently and effectively.

OVERALL RATING: *(circle one)*	E	G	S	F	U	(see key above)

Comments:

6. DEPENDABILITY

Employee can be relied upon to complete assigned tasks, and is conscientious about his/her attendance and timeliness.

OVERALL RATING: *(circle one)*	E	G	S	F	U	(see key above)

Comments:

7. COOPERATION

Employee demonstrates a willingness to work with associates, subordinates, supervisors and others. Responds willingly to changes in procedure, process, responsibility and assignments.

OVERALL RATING: *(circle one)*	E	G	S	F	U	**(see key on reverse side)**

Comments:

8. INITIATIVE

Employee demonstrates an ability to think and act independently. Originates innovative ideas and methods to improve job or complete tasks better.

OVERALL RATING: *(circle one)*	E	G	S	F	U	**(see key on reverse side)**

Comments:

9. WORK ENVIRONMENT AND SAFETY

Maintains a safe and pleasant work environment, follows safety regulations, and actively contributes towards a safe workplace.

OVERALL RATING: *(circle one)*	E	G	S	F	U	**(see key on reverse side)**

Comments:

10. OVERALL PERFORMANCE

Overall appraisal of the employee's job performance.

OVERALL RATING: *(circle one)*	E	G	S	F	U	**(see key on reverse side)**

Comments:

ACTION PLAN

The above criteria is important to properly evaluate your performance. The following Action Plan describes your specific strengths and weaknesses, and what can be done to improve your position toward continued growth.

Major weak points are:

These weak points can be strengthened by:

Major strong points are:

These strong points can be more effectively utilized by:

Supervisor Signature _____ Date _____ Reviewing Officer _____ Date _____

Has this report been discussed with Employee? ❑ YES ❑ NO

If "NO", Reason why:

If "YES", Employee's comments:

Supervisor Signature _____ Date _____

Employee Signature _____ Date _____

Legislative Committee

Sec. 6. A Legislative Committee to consist of not less than three (3) members. *

Sec. 6-A. The Legislative Committee shall be responsible to check and report on Legislative Bills affecting the New Jersey Firemen's Home to include:

Operations
Renovations
Guests
Health
Safety

Section 7. **By-Laws Committee**

7a **Responsibilities/Duties**

1. Committee to consist of not less than five (5) members. *
2. Shall be responsible to the Board of Managers to maintain the By-Laws of:
   a) Board mandated changes by resolution.
   b) new laws [Federal, State NJBOH, etc.] of Committee updates to the operation of the Home.
3. By-Laws are to be reviewed by all Committees every 2 years commencing 2011 and updated immediately upon all changes [refer to item 2 above].
4. Interpretation and recommendations of the By-Laws shall be the responsibility of the By-Laws Committee in conjunction with the Board's Attorney. Interpretation shall be presented to the Board for their approval.
5. The Board Chairman, at his discretion, shall be responsible for the appointment/changing of Committees and Special Committee members. The minimum number of members per committee shall consist of not less than * (as noted in each committee's by-laws).
6. By-Laws, which the Board of Managers require for the overall management and operation of the Home that are not applicable to any Committee in particular, shall be made by Special Committee.
7. Proposed By-Law revisions shall be reviewed by the By-Laws Committee and the NJFH Attorney prior to presentation to the Board of Managers for its approval.
8. Committee shall meet as necessary but at least once per year.

Museum Committee

Sec. 8 A Museum Committee to consist of not less than three (3) members. *

Sec. 8-A. The Museum Committee shall consist of a Chairman and Vice-Chairman.

Sec. 8-B. All meetings of the Museum Committee shall be at the call of the Chairman of the Committee.

Sec. 8-C. Vacancies on the Museum Committee shall be filled by appointment from the Chairman or his assignee.

Sec. 8-D. Duties/Responsibilities

Maintain Museum at the Firemen's Home as approved by the Board of Managers.

Maintain permanent file on all Museum items and conditions of receipt (Loan or Donation).

Make reports as requested by the Board of Managers.

Section 9. **Inspection Committee**

An Inspection Committee to consist of not less than two (2) members. *

9a **Responsibilities/Duties**

1. Inspect the entire Facility each month including building and entire grounds.
2. Note all items of needed repair, needed equipment, equipment not working properly, possible location changes of equipment, general housekeeping and cleanliness, employee working conditions, comfort and care of Guests, plus any items that should be brought to the attention of the Board.
3. Review previous reports and note all items completed, corrected or working properly. Update all items not completed, noting Committee or individual responsible for same.
4. Note all new items and follow through on all previous items.
5. It is up to the Inspection Committee when they want to inspect as long as it does not interfere with the operation of the Home. It does not have to be done the day the Board meets.
6. Board Secretary shall prepare the monthly inspection list of Managers in October of each year for inspections commencing the following year.

Section 10. **Pension Committee**

10a **Responsibilities/Duties**

1. The Pension (Plan) Committee (Trustee) shall consist of the Chairman of the Full Board, Vice-Chairman of the Full Board, the Secretary, the Treasurer and Superintendent.
2. The Trustees will hold 4 meetings per year or as needed.
3. At least once a year, will meet with the Plan's Investor and review investments.
4. Make recommendations to the Plan as needed.

Section 11. **Inventory Committee**

11a **Responsibilities/Duties**

1. Consist of no less than 3 members. *
2. To review and maintain records as to the value of all the fixed assets of the New Jersey Firemen's Home
3. At least once a year, Committee will review Industrial Appraiser's list of contents and values and make changes to the inventory list as necessary.
4. On all items added or deleted over one thousand dollars, they shall notify the Insurance Committee.

Section 12. **Special By-Laws**

12a **Responsibilities/Duties**

1. Robert's Rules of Parliamentary Procedure shall be the procedure of all Board/Executive Meetings. Two thirds (2/3) majority vote by the Board shall override Robert's Rule.
2. Any Manager who shall be a Guest of the Home for a continuous period of 90 days will resign his/her position as Manager upon the passage of 90 days. This shall be a pre-condition of continued stay in the Home.
3. No Manager of the New Jersey Firemen's Home shall participate in any manner or fashion upon work or service placed for quote or bid by the Home in which such Manager has a direct or indirect financial interest or family relation in the business entity submitting a quote or bid.
4. All proposed By-Law changes shall be reviewed by the Home's Attorney and By-Laws Committee for review and comments prior to presentation.
5. In case of a vote at the Board/Executive Meeting, the Chairman shall vote last. The Chairman cannot be denied a vote and shall have the option whether to break a tie, make a tie, abstain or return the issue to Committee.

Section 13. **Secretary of Board of Managers SOG's**

13a **Responsibilities/Duties**

1. Prepare agenda for meetings.
2. Take Roll Call at all Board Meetings
3. Mail out notices for all meetings (dates, time, places). On Committee notices also mail a copy to the Chairman of Full Board.
4. Handle Communications as necessary.
5. Give Stenographer copy of all Communications, Secretary's Report, Treasurer's Report and all written Committee Reports.
6. After receiving minutes from the Stenographer, make copies and mail to all current Managers, copy to NJSF Office (unstapled), Solicitor, Auditor, Governor, Commissioner of Insurance and State Comptroller.
7. Give copy of Minutes to Superintendent and CFO.
8. Put one copy in Minute Book, kept in the Superintendent's Office.
9. Put one copy in Minute Book to be kept by Secretary.
10. Have one complete set of Minutes bound each year and kept in fire-proof safe.
11. Keep the computer disks of Minutes off site for safety or as directed.
12. Answer all Communications as directed.
13. After Reorganization make all necessary changes in Manager's Handbook (Directory) and have printed 250 copies. This includes changes by the NJSFA Offices and Ex-Committeemen.
14. Keep all important papers in fire-proof file.
15. Prepare Annual Report to be given at the Firemen's Convention (I have this done in draft form by our July meeting to give each Manager a copy).
16. September dinner meeting:
    A) Send out letters to all Managers, current and past, plus invited Guests as directed.
    B) For both the dinner and ladies trip (current Managers' wives, plus widows and others as directed.
    C) Advise Coordinator of number for dinner and trip.
17. October Meeting:
    A) Prepare the Agenda for the Reorganization Meeting.
    B) Prepare the necessary papers for the Election of the Officers and Executive Committee.
    C) Make an Oath of Office and Membership Card for each new Manager.
    D) Give each new Manager an information sheet to be filled out. When completed give copy to CFO/Superintendent.
18. Send out Get Well and Sympathy cards.

Section 13. **Secretary of Board of Managers SOG's**

13a. **Responsibilities/Duties**

19. Draw up Resolutions for Managers who retire or pass away.
20. Maintain all files.
21. April of each year, advise the NJSFA of Managers whose terms will be up this year.
22. Send letters to each Manager whose term is up.
23. Be responsible for the safekeeping of the Act of Incorporation (1897) and Supplemental Act (1898).
24. Prepare the monthly inspection list of Managers in October of each year for inspections commencing for the following year.

NEW JERSEY FIREMEN'S HOME
CONFLICTS OF INTEREST POLICY

This Conflict of Interest Policy of the NEW JERSEY FIREMEN'S HOME is hereby adopted effective as of October 12, 2013.

Article I
Purpose

The purpose of this policy is to avoid conflicts of interest by Managers of the New Jersey Firemen's Home. The numerous transactions and relationships to numerous organizations requires vigilance by each Manager.

This policy will also provide remedies to the Board when situations present themselves. It is intended to supplement but not replace any applicable state and federal laws governing conflict of interest, as may be applicable.

Article II
Definitions

1. Manager. Member of the New Jersey Firemen's Home Board of Managers.

2. Financial Interest. A person has a financial interest if the Manager has, directly or indirectly, through business, association, investment, or family:

   a. An ownership or investment interest in any entity with which the Organization has a transaction, arrangement, or relationship; or

   b. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement or relationship; or

   c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

Article III
Statement of Potential Conflicts

1. Prior to taking his/her position on the Board, and annually thereafter, each Manager shall submit in writing to the Secretary of the Board a list of all businesses and other organizations of which he/she is an officer, trustee, member, owner (either as a sole proprietor or a partner), a shareholder, employee or agent with which the Board has, or might be expected to have, a relationship or a transaction in which the Manager might

have an actual or perceived conflicting interest. Each written statement will be resubmitted annually with any necessary changes and Managers are responsible for informing the Secretary and the Board. The Chairman and Officers of the Board shall become familiar with the statements of all Managers in order to guide the conduct of the Board should such a conflict arise.

2. No individual who is currently an executive committeeman, officer, standing or advisory committee member, employee or agent of the New Jersey State Fireman's Association shall serve as a Manager.

Article IV
Ethics Committee

There shall be established a standing committee known as "ETHICS COMMITTEE" which shall consist of five (5) Managers. Such members shall be appointed by the Chairman of the Board of Managers. The Chairman shall be an ex-officio and a voting member of such committee only in the event of a tie vote among appointed Managers of the Committee.

Article V
Procedures

1. Duty to Disclose. In connection with any actual or possible conflict of interest, a Manager must disclose upon a form provided the existence of the Financial Interest and be given the opportunity to disclose all material facts to the Mangers and members of Ethics Committee.

2. Determining Whether a Conflict of Interest Exists. After disclosure of the financial interest and all material facts, and after any discussion with the Interested Person, he/she shall leave the committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest.

    a. Upon receiving information of alleged conflict of interest, the Ethics Committee shall determine whether a complaint shall issue to the involved Manager.

        1) Upon issuance of a complaint, the Manager shall have a period of fifteen (15) days to respond to such complaint.

    b. The Manager may make a presentation to the Ethics Committee at a time and place scheduled by the committee. After the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement

involving the possible conflict of interest.

c. Within thirty (30) days of a hearing by the Ethics Committee and the Manager, the Committee shall issue a decision. If such decision finds no violation of policy the matter will be concluded. If a finding is made of a violation, the finding and recommendation of action shall be forwarded to the full Board of Managers for action.

4. Violations of the Conflicts of Interest Policy.

a. If the Ethics Committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the Manager of the basis for such belief and afford the Manager an opportunity to explain the alleged failure to disclose per the procedures set forth herein.

b. If, after hearing the Manager's response and after making further investigation as warranted by the circumstances, the Ethics Committee determines the Manager has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article VI
Records of Proceedings

The minutes of the Ethics Committee shall contain:

a. The names of the persons who disclosed or otherwise were found to have a Financial Interest in connection with an actual or possible conflict of interest, the nature of the Financial Interest, any action taken to determine whether a conflict of interest was present, and the Ethics Committee's decision as to whether a conflict of interest in fact existed; and

b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article VII
Annual Statements

Each Manager shall annually sign a statement approved by the Ethics Committee which affirms such person:

a. has received a copy of the conflicts of interest policy;
b. has read and understands the policy;

c. has agreed to comply with the policy.

Article VIII
Disciplinary Action

Any Manager may be subject to reprimand, censure, suspension or expulsion by the New Jersey Firemen's Home Board, which may take such action as deemed appropriate in cases of unprofessional conduct, conduct detrimental to the objectives of the New Jersey Firemen's Home Board, neglect of duty, violation of bylaws or polices, or any action which may be deemed as undermining the New Jersey Fireman's Home Board. Such action may be taken on two-thirds (2/3) vote of the Board following a fifteen (15) day notice of charge to the member by certified or overnight express mail. No such action shall be taken until the Manager charged has been advised fo the specific charges, has been given a reasonable time to prepare a response to present to the Full Board of Managers.

CERTIFICATION

This Conflicts of Interest Policy was approved at a meeting of the Board by a majority vote of the Managers entitled to vote on October 12, 2013.

Harry Strube

HARRY T. STRUBE, Secretary

Date: October 12, 2013

F:\WPDOCS\NJFH\CodeofConduct\ConflictofInterestPolicy\ConflictStatement.Revised10.15.wpd

NEW JERSEY FIREMEN'S HOME

CODE OF CONDUCT

INTRODUCTION

This policy is enacted to guide the conduct of each member of the Board of Managers including ex-officio members of the New Jersey Firemen's Home. As a Manager, such individual is required to give fidelity to the New Jersey Firemen's Home. The Manager's loyalty shall be to the Home and shall have utmost priority concerning all issues regarding the welfare of the Home.

This policy shall supplement and incorporate the Uniform Ethics Code enacted by the State Legislature pursuant to *N.J.S.A.* 53:13D-21 and the Conflicts Law of *N.J.S.A.* 52:13D-12.

Provided herein are remedies available to the Board of Managers when situations present themselves and which are contrary to this Code of Conduct.

PREAMBLE

A conflict of interest occurs when a Manager's private interest interferes in any way with the interest of the New Jersey Firemen's Home and its policy and decisions established by the full Board of Managers. All Managers have a duty to avoid financial, business, other relationships that are, or may appear to be, at odds with the interest of the Home or that might conflict with the performance of the Manager's duties.

Each Manager should conduct himself/herself in a manner that avoids even the appearance of a conflict between his/her personal interest and those of the Home.

CONFLICT OF INTEREST

A conflict of interest may arise in any number of ways including, but not exclusive, of the following:

1. Acting as a consultant, or serving on a committee with or without compensation with an organization having an adverse or competing interest with the Home.

2. Acceptance of employment, full or part time with any organization or association having a competing interest with the Home concerning its policy, decision or funding.

3. Acceptance of gifts, payments, or services from any organization, association or business with a relationship to the Home.

PRINCIPLE

It is the decision of the Board of Managers to adopt the following:

1. No Manager shall undertake any employment or services, whether compensated or not, which might be reasonably expected to prejudice his/her independence of judgment in the exercise of their official duties.

2. No Manager shall engage in any conduct outside the Home which would tend to undermine or negate any policy or decision of the Board of Managers.

3. No Manager shall accept any position or office which is incompatible with the position of Manager of the Home or the duties he/she performs.

Positions are incompatible when there is a conflict or inconsistency in their functions. Therefore offices are not compatible when one is subordinate to or subject to the supervision or control of the other or the organizations involved have a competing interest and the Manager has an association in each organization.

CODE OF CONDUCT COMMITTEE

There shall be established a committee known as "Code of Conduct Committee" which shall consist of five (5) Managers. Such Managers shall be appointed by the Chairman of the Board of Managers for one (1) year terms. The Chairman shall be an ex-officio and a voting member of the Committee only in the event of a tie vote among appointed Managers of the Committee.

REFERRALS TO COMMITTEE

A. Information Request: Any Board of Manager may request an informal opinion and seek guidance regarding any aspect (conflict of interest or principle) of the Code of Conduct from the designated committee by submission of a written request.

B. Formal Request: Any Manager may submit a written referral to the Code of Conduct Committee regarding any situation which may give rise to conflict of policy.

C. Action: Upon receipt of an informal or formal referral, the Code of Conduct Committee shall take the matter under consideration and issue a recommendation of either (1) no action to take or (2) a possible violation exists for action by the Board of Managers. Such recommendation shall be forwarded to the Chairman for action, if any.

BOARD OF MANAGERS

In the event the Chairman forwards a matter to the Full Board, the Manager who is the subject of the referral shall receive notice of the recommendation. He/she shall be afforded a minimum of thirty (30) days to prepare for a hearing on the matter before the full Board of Managers. Such matter shall be presented to the Board at which time the Board shall decide if (1) a conflict exists and (2) the disciplinary action, if any.

DISCIPLINARY ACTION

Any Manager may be subject to reprimand, censure, suspension or expulsion by the New Jersey Firemen's Home Board, which may take such action as deemed appropriate in cases of unprofessional conduct, conduct detrimental to the objectives of the New Jersey Firemen's Home Board, neglect of duty, violation of bylaws or policies, or any action which may be deemed as undermining the New Jersey Firemen's Home Board. Such action may be taken on two-thirds (2/3) vote of the Board member present at a meeting following a fifteen (15) day notice of charge to the member by certified or overnight express mail. No such action shall be taken until the Manager charged has been advised of the specific charges, has been given a reasonable time to prepare a response to present to the Full Board of Managers.

CERTIFICATION

This Conflicts of Interest Policy was approved at a meeting of the Board by a majority vote of the Managers entitled to vote on October 12, 2013.

F:\WPDOCS\NJFH\CodeofConduct\Code of Conduct.Revised10.15.wpd