

The Culinaricians' Home

71 Old Tschirky Road New Paltz, NY 12561 845-255-7010

The Culinaricians' Home, an Adult Home, licensed by the New York State Department of Health, is located on Route 32 only four miles north of Main Street in New Paltz, New York. The residence is situated on 40 acres of land on the Wallkill River with the Shawangunk Mountains as a backdrop.

The property was owned by the late Maitre d', Oscar Tschirky, who in the early 1900s was familiarly known as "Oscar of the Waldorf".

In the early 1940s Oscar's home became the property of the Societe Culinaire Philanthropique, an organization of French-speaking chefs founded in 1866 as a charitable organization. In 1942, after acquiring Oscar's two story house and farm, Otto Gentsch, President, and the Societe established the "Maison Familiale" as a retirement home for chefs.

The Culinaricians' Home is now open to the community. The Board of Directors remain very active and interested in the "Home" - all are members of the Societe. They visit the "Home" regularly to assure the overall operation meets their standards. The Administrator is State approved, totally dedicated and well qualified.

Our Residents' ages currently range from 65 to 95+ years. Our Residents are able to self manage their toileting needs. All our Residents are generally physically and mentally well. They are physically well in that they do not require daily medical or nursing care. They are mentally well in that they are able to express their needs, likes and dislikes. They are also oriented to time, place and people and interact well socially with each other.

We provide the following:

- a private bedroom and private or semi- private bathroom
- three full nutritious meals daily plus snacks
- laundry, linen and housekeeping services
- supervision- staff on duty 24/7
- personal care as needed, weekly hairdresser available
- administration of medications
- 15 to 20 hours social/ recreation activities per week
- case management services...
- Resident problem solving, assistance with paperwork

Our application process has three components:

1. A formal written Resident Application.
2. A Medical Evaluation- to be completed by the applicant's physician at the time the applicant is interested in residing at the Home and at which time there is a suitable vacancy.
3. An Interview is required to assure the applicant's needs can be met by the Home. The interview is used to verify the information on the Resident Application and the Medical Evaluation. Finally the interview is used to determine if the applicant will be comfortable in her/his new surroundings.

Our Board of Directors and The Culinaricians' Home Foundation give our Residents a wonderful place to live and our staff a wonderful place to work

CULINARIANS' HOME FOUNDATION, INC.
71 OLD TSCHIRKY ROAD
NEW PALTZ, NEW YORK 12561
(845) 255-7010

NAME OF APPLICANT _____ DATE OF APPLICATION _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

PRESENT ADDRESS AND PHONE #

RELIGION _____ BIRTH PLACE _____ MARITAL STATUS _____

INSURANCE (INCLUDE #S AND EFFECTIVE DATES)

MEDICARE _____

OTHER _____

NAME OF PERSON FILLING OUT THIS APPLICATION IF OTHER THAN APPLICANT

PRIMARY CONTACT PERSON REGARDING THIS APPLICATION, ADDRESS, AND PHONE #

BURIAL ARRANGEMENTS (FUNERAL HOME, PERSON IN CHARGE, ETC.)

SOCIAL INFORMATION

SPOUSE'S NAME _____ ALIVE _____ DATE DECEASED _____

LIST CHILDREN'S NAMES, ADDRESSES AND PHONE #S

OCCUPATION _____

RECREATIONAL INTERESTS AND HOBBIES _____

FOOD LIKES _____

FOOD DISLIKES _____

DO YOU CURRENTLY HAVE DIFFICULTY WITH OR REQUIRE ASSISTANCE WITH:

(✓ EACH THAT APPLY)

TOILETING _____	VISION _____
EATING _____	SPEECH _____
DRESSING _____	HEARING _____
BATHING _____	AMBULATION _____
MEDICATIONS _____	JUDGEMENT _____
OTHER _____	(PLEASE EXPLAIN) _____

Can you walk up and down stairs? _____

According to my best knowledge and belief, the above information is true and accurate in all aspects. I agree to abide by the regulations of the **CULINARIANS' HOME FOUNDATION, INC.**

Signature of applicant Date _____

Signature of applicant's representative Date _____

The application must be signed by the applicant or representative. An unsigned application will not be processed. Call (845) 255-7010 for an interview and tour of the facility.

MEDICAL HISTORY

CURRENT PHYSICIAN, ADDRESS AND PHONE #

DIAGNOSIS

CURRENT MEDICATIONS

ALLERGIES

SPECIAL DIET

HOSPITAL PREFERENCE

GIVE DATES AND NATURE OF ANY MAJOR ILLNESSES OR OPERATIONS WHICH REQUIRED HOSPITALIZATION IN THE LAST 10 YEARS:

HAVE YOU RECEIVED EITHER IN OR OUT-PATIENT CARE FROM THE MENTAL HEALTH SYSTEM

IF YES WHEN

NAME OF PHYSICIAN WHO TREATED YOU – ADDRESS & PHONE #

FINANCIAL INFORMATION

INCOME/PAYMENT SOURCES (✓ EACH THAT APPLY)

SOCIAL SECURITY _____	STOCK/BONDS _____
SSI _____	INSURANCE _____
VA BENEFITS _____	REAL ESTATE _____
PENSION/ANNUITY _____	OTHER _____

CURRENT MONTHLY INCOME FROM ABOVE SOURCES _____

CHECKING ACCOUNT # _____ BANK _____ BALANCE _____

SAVINGS ACCOUNT # _____ BANK _____ BALANCE _____

HAS THERE BEEN A TRANSFER OF ASSETS IN THE PAST 3-5 YEARS? _____

IF YES, PLEASE DESCRIBE IN DETAIL _____

DOES ANYONE HAVE POWER OF ATTORNEY _____

IF YES, THEIR NAME, ADDRESS AND PHONE #

DO YOU HAVE A WILL _____

LOCATION OF WILL _____
