Mennonite Home
1520 Harrisburg Pike, Lancaster, PA 17601
(717) 393-1301 ● Fax (717) 393-1389

Date _____

APPLICATION FOR RESIDENCY

Accommodations Desired:

Apartment
_____ Semi-Private
_____ Private
_____ Suite
_____ Personal Care
_____ Health Care
_____ Dementia Care

Desired Date of Residency _____

Please answer all questions as completely and accurately as possible. All information is held in strict confidence.

FAMILY HISTORY

Full Name _____ Phone ( ) _____

Street _____

City _____ State _____ Zip _____

Social Security No. ___ - ___ - ____ Medicare No. _____ Part A ____ Part B ____ Part D ____

Health Insurance Company _____ Policy Number _____

Address _____ Phone ( ) _____

Date of Birth _____ / _____ / _____

Married _____ Single _____ Widowed _____ Divorced _____

Full Name of Spouse _____

Address of Spouse _____

(If other than above)

List your children:

Name	Address/Zip	Phone

PERSONAL HISTORY

Have you appointed a Durable Power of Attorney? Yes _____ No _____

If yes: Name _____ Phone ( ) _____

Address _____ Relationship _____

Have you lived in Pennsylvania the last 12 months: Yes _____ No _____

HEALTH HISTORY

Physician Name _____ Phone ( ) _____

Address _____ Zip _____

List any hospitalizations in the past six (6) months?

Hospital _____ Year _____ Reason _____

Hospital _____ Year _____ Reason _____

Have you ever had a prior stay at a nursing home? Yes _____ No _____

Dates _____ Name of Facility _____

Give the date of your most recent shot for tetanus _____ flu _____ pneumovax _____

Check if you need assistance with any of the following:

___ Ambulation	____ Dressing	_____ Finances	_____ Special Diet
___ Bathing	____ Eating	_____ Transportation	_____ Other Needs:
___ Toileting	____ Medications	_____ Housekeeping	_____
___ Grooming	____ Telephone Use	_____ Laundry	_____

FINANCIAL STATEMENT Please answer all questions.

Indicate if this is a joint financial statement or an individual. _____Joint _____Individual

Within the past five years have you:

- Transferred or gifted: real estate, automobiles, monetary gifts, bank accounts, stocks/bonds, life insurance or other assets
- Sold real estate, automobiles or other assets at less than Fair Market Value

_____ Yes _____No If "yes", what and when?_____

Do you have assets in a Revocable or Irrevocable Trust? Yes_____ No_____

Do you have a reverse mortgage? Yes _____ No _____

Miscellaneous Financial Data

Life Insurance? Yes _____ No _____ Value $_____

Long Term Care Insurance? Yes _____ No _____ Value $_____ Carrier _____

Prepaid Burial Fund? Yes _____ No _____ Value $_____ Carrier _____

Other _____

FINANCIAL STATEMENT (Continued)

ASSETS*

Cash and Checking

Bank/Account # _____ $ _____

Bank/Account # _____ $ _____

Savings/Money Market Account

Bank/Account # _____ $ _____

Bank/Account # _____ $ _____

Certificates of Deposit

Bank/Account # _____ $ _____

Bank/Account # _____ $ _____

Bank/Account # _____ $ _____

Bank/Account # _____ $ _____

Bank/Account # _____ $ _____

Bank/Account # _____ $ _____

Real Estate Owned—Schedule A
(See below) $ _____

Stocks, Securities and Bonds
(Market value) $ _____

Annuity $ _____

IRA $ _____

Trust Account $ _____

Other Assets: $ _____

$ _____

Any note, mortgage or loans receivable $ _____

$ _____

TOTAL ASSETS AVAILABLE $ _____

*Copies of all financial statements required

SOURCE OF INCOME
(monthly—net)

Social Security $ _____

Pensions $ _____

$ _____

Annuities $ _____

Dividends and Interest $ _____

$ _____

Other Income: $ _____

$ _____

$ _____

$ _____

TOTAL MONTHLY INCOME $ _____

LIABILITIES

Notes Payable $ _____

Mortgages Payable $ _____

Home Equity $ _____

Credit Card Debt $ _____

Other Debts $ _____

$ _____

TOTAL LIABILITIES $ _____

SCHEDULE OF REAL ESTATE OWNED –"SCHEDULE A"

(Place an asterisk (*) by primary residence.)

Description of Property and Location	Date Acquired		Market Value
_____	____ / ____ / ____	$ _____	$ _____
_____	____ / ____ / ____	$ _____	$ _____

EMERGENCY INFORMATION

Person(s) to be contacted

Name _____ Relation _____ Phone ( ) _____

Address _____ Zip _____

Name _____ Relation _____ Phone ( ) _____

Address _____ Zip _____

Funeral Home:

Name _____ Phone ( ) _____

Address _____ Zip _____

_____

I hereby certify that the above information is correct and complete to the best of my knowledge. I understand that any misrepresentation could result in the forfeiture of my application or status as a resident of Mennonite Home Communities. I understand that this application does not obligate Mennonite Home Communities in any way and is submitted to be placed on file and that the above information is strictly confidential.

I understand that it is the policy of Mennonite Home Communities to screen all incoming potential residents against the applicable Megan's Law websites to ensure that Mennonite Home Communities is not providing admission to any person who is registered as a "sexually violent predator" or "sexual offender." n addition, Mennonite Home Communities also conducts a criminal background check of all incoming potential residents. Mennonite Home Communities reserves the right to deny admission to anyone found listed on federal and state Megan's Law websites or with a criminal record.

I also acknowledge that Mennonite Home Communities will review medical information to ensure that staff can appropriately care for resident needs.

Signed _____ Date _____

Applicant or Power of Attorney or Responsible Party

EQUAL HOUSING OPPORTUNITY

OFFICE USE ONLY

Date Application Received _____

Date of Review _____

Accepted _____ Not Accepted _____ Reason _____

Accepted by _____

Date acceptance letter sent _____

Waiting List _____

Progress notes: