



A STONERIDGE RETIREMENT LIVING COMMUNITY

Admission Application

I. Applicant Information *(please print or type)*

Name: _____

Current Location: _____ Hospital _____ Rehab Center _____ Community Living
 _____ Nursing Home: _____ Psychiatric Unit

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Date of Birth: _____ Birthplace: _____

Marital Status: _____ Name of Spouse: _____

Church: _____ Phone: (____) _____

City: _____ Pastor: _____

Funeral Home: _____ City: _____ Phone: (____) _____

Cemetery Name: _____ No. of Spaces Owned: _____

City: _____ State: _____ Zip: _____

Burial Reserve with Bank or Funeral Home? Yes No Amount: \$ _____

Ambulance Coverage? Yes No Company: _____

Veteran Status: Self Spouse Branch: _____ Dates: _____

II. Medical Profile

Physician: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Diagnoses/Disabilities: _____

Hospital Preference: _____

Has applicant previously resided in a nursing home? Yes No How long: _____

Where: _____ Approximate Dates: _____

Has applicant received in-patient psychiatric care in the past two (2) years? Yes No

Has applicant executed Healthcare Guidelines/Living Will? Yes No

Has applicant executed a Personal Will? Yes No

Executor: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: H (____) _____ W (____) _____ C (____) _____

Is applicant a U.S. Citizen? Yes No

Applicant anticipates placement to be: Short Term Long Term Undecided

III. Health Insurance

SSN: _____ PACE Card Yes No

Medicare #: _____ Part A Effective Date: _____ Part B Effective Date: _____

Health Ins. Company: _____ ID#: _____ Group #: _____

Type of Coverage: _____ Supplemental _____ Medicare Replacement

Long Term Health Ins. Co. *(if applicable)*: _____ ID#: _____

Department of Welfare Access Card #: _____

Prescription Drug Coverage: Yes No Company: _____

IV. Power of Attorney/Other Contacts

Has applicant executed a Power of Attorney? Yes No Is it durable? Yes No

Does it cover healthcare issues? Yes No

Power of Attorney: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: H (____) _____ W (____) _____ C (____) _____

Does applicant have a court-appointed Legal Guardian? Yes No

Legal Guardian: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: H (____) _____ W (____) _____ C (____) _____

Secondary Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: H (____) _____ W (____) _____ C (____) _____

V. Financial Profile

Billing Information:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: H (____) _____ W (____) _____ C (____) _____

<i>Income Source</i>	<i>Amount Per Month</i>	<i>Joint Account</i>
Social Security	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Security Income	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterans Benefits	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Assistance	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dividends	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest Earnings	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonds	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Monthly Income: \$ _____

Assets:

<i>Checking Accounts</i>	<i>Current Balance</i>	<i>Joint Account</i>
Bank: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Savings Accounts

Bank: _____

Bank: _____

Current Balance

\$ _____

\$ _____

Joint Account

___ Yes ___ No

___ Yes ___ No

Real Estate

Type/Location

Appraised Value

\$ _____

\$ _____

Jointly Owned

___ Yes ___ No

___ Yes ___ No

Co-Owner

Other Assets

Certificates of Deposit

Total Value

\$ _____

\$ _____

\$ _____

Joint Account

___ Yes ___ No

___ Yes ___ No

___ Yes ___ No

Mutual Funds

\$ _____

\$ _____

\$ _____

___ Yes ___ No

___ Yes ___ No

___ Yes ___ No

Stocks and Bonds

\$ _____

___ Yes ___ No

Other (please specify type and value) _____

Life Ins. Policies (on applicant or owned by applicant)

Company

Policy No.

Face Value

Cash Value

1. _____

2. _____

Liabilities (please list any debts, mortgage, credit cards or other obligations affecting income or assets)

Type

Current Balance

Joint Account

1. _____

\$ _____

___ Yes ___ No

2. _____

\$ _____

___ Yes ___ No

3. _____

\$ _____

___ Yes ___ No

Health Ins. Premiums: Amount \$ _____ Monthly ___ Quarterly

Have any assets, real estate or personal property been transferred to any person or entity

in the past three (3) years ___ Yes ___ No in the past five (5) years ___ Yes ___ No

If yes, to whom was it transferred?

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: H (____) _____ W (____) _____ C (____) _____

Value of amount transferred? Amount: \$ _____

Have Living Trusts been established in the last five (5) years? ___ Yes ___ No

If yes, are these funds available for the applicant's care? ___ Yes ___ No Value of Trust: \$ _____

Trustee (s): _____

VI. Housing/Level of Care Preferences

Independent Living

Rental Options

Creekside Apartments: Studio One Bedroom

Letort Manor: A B C D E

Entrance Fee Options

Letort Manor A B C

D E

Personal Care

Studio One Bedroom Apartment Private Room Semi-Private Room Respite

Nursing Care

Private Room Semi-Private Room Respite

VII. Acknowledgement

I/we understand that the Church of God Home reserves the right to accept or reject any application consistent with the law. I/we certify that all of the information submitted on this application is true and correct and that submission of false information may constitute grounds for rejection of the application and/or discharge following admission. Note: Nursing and Person Care applications will be on file for three (3) years.

For Letort Manor Entrance Fee Applicants Only:

Along with the completed application form, I/we have enclosed an application fee of \$1,000.00. This fee will assure my/our position among prospective residents in choosing the type of apartment and location that I/we desire. It will be applied toward the entrance fee. The fee will be fully refunded should I/we choose to withdraw the application for any reason.

I/we further understand that within thirty (30) days of a request from the Church of God Home, I/we shall sign the Residence and Care Agreement and complete the initial installment of the entrance fee in the amount of \$10,000 and will be asked to pay the balance due prior to move-in. Failure to sign the Residence and Care Agreement and make the required payments may constitute grounds to terminate this agreement and will result in the release of the apartment unit reserved under this agreement, and the loss of my/our position on the waiting list for the reservation of an apartment unit, and the loss of any claims or right to occupy and apartment unit.

I/we accept and agree to the above conditions.

Signature of Applicant

Signature of Applicant 2

Date

I/we accept and agree to the above conditions.

Signature of Applicant

Signature of Applicant 2

Signature of person completing application/Relationship to applicant

Date