



**ADMISSION APPLICATION**

Please return to Administration: 11 High Street, Pine Grove, PA 17963 or 570-345-4363 (fax)

Complete all of the following information to the best of your ability. **Incomplete applications will not be reviewed.**

**Accommodation Preference** (Contingent upon bed availability)

- |  |  |
|--|--|
| <input type="checkbox"/> Semi-Private Suite (A & B Wing) | <input type="checkbox"/> Private Suite     |
| <input type="checkbox"/> Small Apartment                 | <input type="checkbox"/> Medium Apartment  |
| <input type="checkbox"/> Large Apartment                 | <input type="checkbox"/> Special Care Unit |

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F

Address \_\_\_\_\_

Marital Status: Single Married Divorced Widowed Spouse's Name \_\_\_\_\_

Applicant's Current Location \_\_\_\_\_ Reason for Placement \_\_\_\_\_

Primary Insurance \_\_\_\_\_ ID Number \_\_\_\_\_

Supplemental Insurance \_\_\_\_\_ ID Number \_\_\_\_\_

Prescription Insurance \_\_\_\_\_ Long-term Care Insurance (provide copy) \_\_\_\_\_

Social Security Number \_\_\_\_\_ (we will need copies of front and backs of all insurance cards)

1. Power of Attorney/Responsible Party \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Secondary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you have a prepaid funeral: Yes No Preferred Funeral Home \_\_\_\_\_

Do you have a Living Will: Yes No (provide copy) Religious Affiliation/Facility \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Primary Physician \_\_\_\_\_

Known Allergies \_\_\_\_\_ Recent Hospitalizations \_\_\_\_\_

**DOCUMENTATION OF ALL INCOME AND ASSETS REQUIRED WITH APPLICATION**

Monthly Income \_\_\_\_\_ Monthly Expenses \_\_\_\_\_

Total Value of IRAs \_\_\_\_\_ Total Value of Money Market Accounts \_\_\_\_\_

Total Value of CDs \_\_\_\_\_ Total Value of Stocks/Bonds \_\_\_\_\_

Total Value of Annuities \_\_\_\_\_ Total Value of Checking Account(s) \_\_\_\_\_

Total Value of Savings Account(s) \_\_\_\_\_ Total Value of Other Investments \_\_\_\_\_

Total Value of Real Estate Owned \_\_\_\_\_ Total of All Valued Assets \_\_\_\_\_

Within the past 60 months, have you or your spouse closed, given away, sold or transferred any assets such as: a home, land, personal property, life insurance policies, annuities, bank accounts, certificates of deposit, stocks, IRA, bonds or a right to income?      Yes      No

Within the past 60 months, have you or your spouse transferred any assets into a trust?      Yes      No

If yes to either question, explain circumstances (attach extra paper if needed) \_\_\_\_\_

Type of Resource(s) \_\_\_\_\_

Market Value at Time of Transfer \_\_\_\_\_ Date of Transfer or closing \_\_\_\_\_

**Authorization**

In signing this agreement, I certify that the above information is true to the best of my knowledge and understand that this information will be used to determine eligibility for admission to Schoolyard Square.

Signature of Applicant/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Relationship if not Applicant \_\_\_\_\_

Revised January, 2015