



ADMISSION APPLICATION FOR PERSONAL CARE OR NURSING CARE

Please return to Admissions: 450 E Lincoln Ave. Myerstown, PA 17067 or 888-959-9938 (fax)

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

Community Preference (Contingent upon bed availability)

- Towne Centre
- Poplar Run
- No Preference/First Available Bed

Level of Care Preference

- Personal Care
- Short-Term Rehab
- Long-Term Nursing Care

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 StoneRidge Retirement Living.

Signature of Applicant/Responsible Party _____ Date _____

Relationship if not Applicant _____

Revised September, 2014