



HOMEWOOD
RETIREMENT CENTERS
UNITED CHURCH OF CHRIST

APPLICATION FOR ADMISSION

I hereby make application for admission to Victoria House at Spring House Estates, located in Everett, PA, and provide the following information which is true and factual to the best of my knowledge. I would like to be admitted by _____ 20_____.

1. Name of Applicant: _____
Address: _____
_____ Telephone: _____

Permanent Address: _____

2. Age: _____ Date of Birth: _____ Birthplace: _____

3. Social Security Number: _____ - _____ - _____

4. Father's Name: _____

Mother's Maiden Name: _____

5. Marital Status: Single _____ Married _____ Widower _____ Divorced _____

6. Name of Spouse(s): _____

Date of Marriage(s): _____

If Spouse is deceased, Date of Death(s): _____

7. Present living arrangements: _____

If you are residing in a facility, please give name and location of facility:

Name: _____

Address: _____

_____ Telephone: _____

8. Please list the names, addresses and telephone numbers of your children:

Name: _____

Address: _____

_____ Home Telephone: _____

Work Telephone: _____

Name: _____

Address: _____

_____ Home Telephone: _____

Work Telephone: _____

8. List of children, please use additional sheet if necessary (cont'd.):

Name: _____

Address: _____

_____ Home Telephone: _____

_____ Work Telephone: _____

Name: _____

Address: _____

_____ Home Telephone: _____

_____ Work Telephone: _____

9. If you have no children, please list two of your closest relatives or friends:

Name: _____

Address: _____

_____ Home Telephone: _____

_____ Work Telephone: _____

Name: _____

Address: _____

_____ Home Telephone: _____

_____ Work Telephone: _____

10. Who is to be notified in the event of illness?

Name: _____

Address: _____

_____ Home Telephone: _____

_____ Work Telephone: _____

11. Religious Affiliation: Denomination: _____

Church, Synagogue: _____

Address: _____

_____ Home Telephone: _____

Minister, Priest, Rabbi: _____

12. Military Service (Please list branch/dates served): _____

13. Memberships (Please list current and previous): _____

14. Have you, within the past five years, transferred or given to any one individual or to several individuals, any of your property, real or personal, exceeding \$1,000 in value? Yes No

If so, please explain: _____

15. Homewood Retirement Center strongly suggests that you have Durable Power of Attorney. Please list below two individuals as Durable Power of Attorney to handle financial obligations and medical decisions in case you should become unable to do so. The second person listed would serve as Durable Power of Attorney only if the first should become unable to do so.

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

16. Please give the name and address of the party to whom you would like the bills to be sent.

Name: _____

Address: _____

17. Do you have other resources or financial support from family that are not listed on this application? Yes No Please explain: _____

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Person Preparing Statement

Date

Address of Person Preparing Statement

The statements submitted above are held confidential. The information will be used exclusively by the Homewood staff to determine the ability of the Applicant to pay the daily cost of care.

This form is to be forward directly to the Administrator.

Victoria House at Spring House Estates

APPLICATION FOR ADMISSION

FINANCIAL INFORMATION

1. Applicant's name: _____

2. Applicant's address: _____

3. List cash resources as of this date:

a. Cash in hand: \$ _____

b. Cash on deposit in the following banks (indicate if savings, checking, CD's or IRA's):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

c. Total cash: _____ \$ _____

4. Real Estate (Value, location, encumbrance): _____

5. Stocks and Bonds (Attach additional schedule is more space is required):

Name	Shares	Face Value	Current Value
_____	_____	_____	_____
_____	_____	_____	_____

6. Regular Income (Monthly: if other please designate):

a. Social Security #: _____ - _____ - _____ Amount: \$ _____

b. Pensions: Type: _____

No. _____ \$ _____

c. Annuities: Type: _____

No. _____ \$ _____

d. Trusts: Type: _____

No. _____ \$ _____

e. Other: Type: _____

No. _____ \$ _____

7. Medicare claim number: _____ Effective date: _____

8. Medicaid claim number: _____ Effective date: _____

9. Please list any other medical insurance (i.e. Blue Cross/Blue Shield) you carry:

_____ Policy No: _____

_____ Policy No: _____

_____ Policy No: _____

10. Do you have any financial interests, in which you have sole or partial interest, which are not listed above? Yes No If so, please list: _____

11. Do you have any long term health insurance? Yes No

If so, please list policy number: _____