



Episcopal  
**SENIORLIFE**  
Communities  
*Life. Inspired every day.*

## APPLICATION FOR RESIDENCY

**The following is an application for admission to:**

*(Please check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Ashley Woods - Assisted Living | <input type="checkbox"/> Pinehurst                       |
| <input type="checkbox"/> Ashley Woods - Memory Care     | <input type="checkbox"/> River Edge Manor                |
| <input type="checkbox"/> Beatrice Place                 | <input type="checkbox"/> Seabury Woods - Assisted Living |
| <input type="checkbox"/> Brentland Woods                | <input type="checkbox"/> Seabury Woods - Memory Care     |
| <input type="checkbox"/> Ellen's Place                  | <input type="checkbox"/> Seabury Woods - Patio Homes     |
| <input type="checkbox"/> Episcopal Church Home          | <input type="checkbox"/> Valley Manor                    |

### I. Resident & Co-Resident Information

Resident: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Have you or a spouse ever served in the United States  
Military? ☐ Yes ☐ No

United States Citizen? ☐ Yes ☐ No

If not born in the USA:

Naturalized Citizen: ☐ Yes ☐ No Date: \_\_\_\_\_

Permanent Residency Visa: ☐ Yes ☐ No Date: \_\_\_\_\_

*\*If you were not born in the USA, you will need to provide copies  
of your permanent visa/naturalization papers or green card.*

Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Alternate Phone

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

Co-Resident: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Have you or a spouse ever served in the United States  
Military? ☐ Yes ☐ No

United States Citizen? ☐ Yes ☐ No

If not born in the USA:

Naturalized Citizen: ☐ Yes ☐ No Date: \_\_\_\_\_

Permanent Residency Visa: ☐ Yes ☐ No Date: \_\_\_\_\_

*\*If you were not born in the USA, you will need to provide copies  
of your permanent visa/naturalization papers or green card.*

Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Alternate Phone

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

## II. Emergency Contact Information

Persons to notify in case of emergency :

1.	Name	Relationship	2.	Name	Relationship	
	Street			Street		
	City/Town	State	Zip	City/Town	State	Zip
	Primary Phone	Alternate Phone		Primary Phone	Alternate Phone	
	Email			Email		

Power of Attorney (if applicable)	POA Address (if not above)
POA City, State, Zip	POA Phone
Health Care Proxy (if applicable)	HCP Address (if not above)
HCP City, State, Zip	HCP Phone

### Funeral Home Arrangements (if applicable:)

Funeral Home Name	Address	Telephone Number
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## III. Health Information

### Resident

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone of Primary Care Physician: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

### Additional Medical Insurance Information:

Carrier: \_\_\_\_\_

Number: \_\_\_\_\_

### Long Term Care Insurance:

Carrier: \_\_\_\_\_

Number: \_\_\_\_\_

### Prescription Drug/Medicare Part D Insurance:

Carrier: \_\_\_\_\_

Number: \_\_\_\_\_

### Co-Resident

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone of Primary Care Physician: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

### Additional Medical Insurance Information:

Carrier: \_\_\_\_\_

Number: \_\_\_\_\_

### Long Term Care Insurance:

Carrier: \_\_\_\_\_

Number: \_\_\_\_\_

### Prescription Drug/Medicare Part D Insurance:

Carrier: \_\_\_\_\_

Number: \_\_\_\_\_

## IV. Financial Information

### ALL APPLICANTS MUST COMPLETE THIS SECTION

#### Regular Monthly Income:

	<u>Resident / Co-Resident</u>
Social Security	_____/_____
Pension	_____/_____
Interest	_____/_____
Dividends	_____/_____
Mortgage/Rental Income	_____/_____
IRA Income	_____/_____
Trust Income	_____/_____
Other Monthly Income	_____/_____
<b>Total Monthly Income</b>	_____/_____

#### Liabilities:

Home Mortgage	_____/_____
Loan/Installment	_____/_____
Other Liabilities	_____/_____
<b>Total Liabilities</b>	_____/_____

#### Capital Assets:

	<u>Resident / Co-Resident</u>
Cash (Checking & Savings)	_____/_____
CDs, Money Market, etc.	_____/_____
Stocks and Bonds	_____/_____
IRAs, Annuities, etc.	_____/_____
House*	_____/_____
Other Real Estate*	_____/_____
Life Insurance	_____/_____
Trust Fund**	_____/_____
Other Assets	_____/_____
<b>Total Assets</b>	_____/_____

\*Plans for disposition of Home and/or Real Estate:

\_\_\_\_\_

\*\*When was Trust Fund established? Revocable  
or Irrevocable? \_\_\_\_\_

\_\_\_\_\_

Has there been a transfer of assets including but not limited to real estate in the past 60 months? ☐ Yes ☐ No

If yes, please explain and note date(s) of transfer(s) \_\_\_\_\_

\_\_\_\_\_

Does resident have Durable Power of Attorney? ☐ Yes ☐ No

Conservatorship/Legal Guardian? ☐ Yes ☐ No

Pending Status of any of the above? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

#### Regular Monthly Expenses:

	<u>Resident / Co-Resident</u>
Health Insurance	_____/_____
Prescriptions	_____/_____
Telephone	_____/_____
Food	_____/_____

	<u>Resident / Co-Resident</u>
Legal/POA/Financial	_____/_____
Pet Expenses	_____/_____
Car	_____/_____
Other Monthly Expenses	_____/_____
<b>Total Monthly Expenses</b>	_____/_____

## V. Priority Consideration

Priority Consideration is a courtesy offered by Episcopal SeniorLife Communities to all persons accepted into any of our communities including Ashley Woods, Beatrice Place, Brentland Woods, Ellen's Place, Episcopal Church Home/The Center for Rehabilitation, Pinehurst, River Edge Manor, Seabury Woods and Valley Manor. This courtesy guarantees a current resident transfer will be considered prior to any persons not affiliated with the organization. However, this is not a guarantee that an admission will take place. Residents may not be granted admission to affiliated programs in the following circumstances:

- The resident requires a medical service outside of the scope of our care.
- The resident is a danger to themselves or others.
- There is not availability of a room or apartment, when needed.
- The resident has past due payments to the organization.
- The resident did not meet the initial financial admission criteria of three years' worth of private pay funds.
- This Admission Application contained inaccurate information.
- Failure to complete and submit the Annual Financial Review.

If we cannot offer an accommodation within Episcopal SeniorLife Communities, in all cases, we will assist with a safe discharge plan for any resident.

**By signing below, you are hereby affirming that you understand all information above and that all of the information is correct and truthful to the best of your knowledge. Your signature below grants your primary care physician permission to provide health care and medical information as acceptable.**

\_\_\_\_\_ Date: \_\_\_\_\_  
**Resident/Designated Representative Signature**

\_\_\_\_\_ Date: \_\_\_\_\_  
**Co-Resident/Designated Representative Signature**

*In making admission decisions, Episcopal SeniorLife Communities does not discriminate on the basis of race, creed, color, national origin, handicap, gender, marital status, or sexual preference.*