Episcopal SeniorLife Communities

Life. Inspired every day.

APPLICATION FOR RESIDENCY

The following is an application for admission to:

(Please check all that apply)

- ☐ **Ashley Woods - Assisted Living**
- ☐ **Ashley Woods - Memory Care**
- ☐ **Beatrice Place**
- ☐ **Brentland Woods**
- ☐ **Ellen's Place**
- ☐ **Episcopal Church Home**
- ☐ **Pinehurst**
- ☐ **River Edge Manor**
- ☐ **Seabury Woods - Assisted Living**
- ☐ **Seabury Woods - Memory Care**
- ☐ **Seabury Woods - Patio Homes**
- ☐ **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

_____
Street

_____
City/Town State Zip

_____ _____
Primary Phone Alternate Phone

_____
Email

2. _____
Name Relationship

_____
Street

_____
City/Town State Zip

_____ _____
Primary Phone Alternate Phone

_____
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

III. Health Information

Resident

Physician Name: _____

Physician Address: _____

Physician Phone Number: _____

Medicare Number: _____

Additional Medical Insurance Information:

Carrier: _____

Number: _____

Long Term Care Insurance:

Carrier: _____

Number: _____

Prescription Drug/Medicare Part D Insurance:

Carrier: _____

Number: _____

Co-Resident

Physician Name: _____

Physician Address: _____

Physician Phone Number: _____

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:

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

Capital Assets:

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

Liabilities:

Home Mortgage	_____/_____
Loan/Installment	_____/_____
Other Liabilities	_____/_____
Total Liabilities	_____/_____

*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:

	Resident / Co-Resident		Resident / Co-Resident
Health Insurance	_____/_____	Legal/POA/Financial	_____/_____
Prescriptions	_____/_____	Pet Expenses	_____/_____
Telephone	_____/_____	Car	_____/_____
Food	_____/_____	Other Monthly Expenses	_____/_____
		Total Monthly Expenses	_____/_____

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.