



3952 Columbia Avenue
West Hempfield Twp., PA 17512-9715
717-285-5443
www.stannesrc.org

APPLICATION FOR ADMISSION

This application is for: Immediate Need Future Need
 Applying for: Health Care Memory Support Personal Care Apartment Cottage
 How did you hear about St. Anne's Retirement Community? _____

Name: _____ Social Security #: _____

Address: _____ Phone Number: (____) _____

Date of Birth: _____ Place of Birth: _____ Sex: Male: Female:

Marital Status: _____ Spouse's Name: _____

Power of Attorney's Name: _____ Phone: (____) _____

Address: _____

Type of POA: Financial: Medical:

Children/Significant Others: **(Please list individuals in the order they should be contacted if unable to reach POA)**

Name	Address	Home #	Work #	Cell #
Relationship:				
Relationship:				
Relationship:				
Relationship:				

To Be Admitted From (check one): Residence Hospital Health Facility

If Hospital – Name and Unit: _____

List Inpatient Stay Dates for Past Year (Hospital, Other Facility, Transitional Care, etc.): _____

Please circle the appropriate answer:

Do you have an Advance Directive/Living Will? Yes No
 Do you have a Durable Power of Attorney for Health Care? Yes No
 Do you have a Will? Yes No

If yes, who is the Executor? _____

List present medical/physical/mental condition(s): _____

List past medical/physical/mental condition(s): _____

Primary Health Insurance (i.e. Medicare): _____

Policy/ID Number: _____ Group Number (if applicable): _____

Address: _____

Phone Number: _____

If Health Insurance is Medicare:

Part A Effective Date: _____ Part B Effective Date: _____

Secondary Health Insurance (i.e. HMO, PPO, BC, BS):

Carrier Name: _____ Insured Name: _____

Address: _____

Phone Number: _____

Policy/ID #: _____ Group # (if applicable): _____

Annual cost for insurance is: _____

Do you have Long Term Care Insurance? Yes: _____ No: _____

If Yes, Carrier _____

Address: _____

Phone Number: _____

Policy #: _____ Daily Skilled Nursing Benefit: _____

Have you applied for Medical Assistance (MA): Yes _____ No _____

If Yes, when? _____ MA #: _____

Are you a veteran/spouse of a veteran: Yes _____ No _____

Branch of service: _____

Do you take prescription medicines: Yes _____ No _____ Average monthly cost is: _____

Do you have a prescription card? Yes _____ No _____ Type: _____

Long Term Goal: _____ Return Home _____ Transfer to another Facility (PCH/Assisted Living)
_____ Remain at St. Anne's Retirement Community _____ Uncertain/Depends on Progress

Physician to be used at St. Anne's: _____ Phone Number: (____) _____

Address: _____

Community Physician if different from above: _____ Phone Number: (____) _____

Church: _____ Address: _____

Phone Number: (____) _____

Clergy: _____ Address: _____

Phone: (____) _____

Funeral Home: _____ Address: _____

Phone Number: (____) _____

Do you have a Burial Trust/Prepaid Funeral?: Yes: _____ No: _____

If Yes, please list: _____

Financial Information

Have you disposed of, or gifted, real or personal property within the last 5 years? Yes: ____ No: ____

If Yes, list date and explain: _____

Are any assets in trust for your benefit? Yes: ____ No: ____

If Yes, Name and Address of trustee: _____

Address: _____

Date Established: _____

Please supply copies of your latest statement for the assets listed below. Please identify if the asset, liability or monthly income are joint or individual, by selecting I (individual) or J (joint) in the corresponding column. Please enter totals unless otherwise specified.

ASSETS		J/I	LIABILITIES		J/I
Cash			Rent	\$	
Checking			Credit Card Debt		
Savings			Notes Payable		
Certificates of Deposit			Other Debts (please list)		
Individual Retirement Accounts					
Mutual Funds					
Annuities					
Stocks and Bonds					
Real Estate (provide address on page 4)					
Motor Vehicles					
Trust Accounts					
Loans to Others					
Other (please list on page 4)					
Total Assets	\$		Total Liabilities	\$	

MONTHLY INCOME		J/I
Social Security	\$	
Pension		
Annuities		
Investment Income		
Rental Income		
VA Benefits		
Total Monthly Income	\$	

Do you have Life Insurance? Yes: ____ No: ____ If yes, please list below:

Company	Face Value	Beneficiary

Real Estate Owned

Street Address	City	State	Zip Code	Estimated Value	Mortgage Balance

Other Assets

Asset	Fair Market Value	Joint/ Individual

Have you ever been convicted of a crime other than a misdemeanor? Yes: _____ No: _____

If Yes, What was the Date of the Conviction? _____

If Yes, Please describe the Conviction: _____

AGREEMENT

I have applied for admission to St. Anne’s Retirement Community. In doing so, I understand that St. Anne’s Retirement Community has a special obligation to clients, Residents and staff in respect to their personal property and safety. I hereby give St. Anne’s Retirement Community the right to make a thorough investigation into my previous employment, education, references, and character, and I release from all liability all persons supplying such information. The investigation is not limited to the above, and criminal checks both—State and Federal—can be required. I authorize all public officials or persons involved in reference for admission to furnish information necessary for residency at St. Anne's Retirement Community. Records obtained will be confidential.

I hereby certify that the information and financial statements provided in this application are correct and complete to the best of my knowledge. I understand that any misrepresentation could result in the forfeiture of my application or status as a resident of St. Anne’s Retirement Community, Inc. I understand that this application does not obligate St. Anne’s Retirement Community, Inc., in any way and is submitted to be placed on file, and that the above information is strictly confidential.

In the event a resident becomes so mentally ill, as in the judgment of the attending physician and Administrator, to jeopardize the health of other residents or constitutes a hazard to himself/herself, St. Anne’s Retirement Community shall cooperate with the relative or responsible party in finding the most appropriate placement for the welfare of the mentally ill resident.

ST ANNE’S RETIREMENT COMMUNITY WILL NOT ADMIT PERSONS WITH ACTIVE TB. IF A RESIDENT DEVELOPS ACTIVE TB, THEY WILL BE TRANSFERRED TO THE HOSPITAL OF THEIR CHOICE.

Signature of Applicant/Responsible Party

Date

Signature of Administration

Date

Thank you for considering St. Anne’s Retirement Community. If you have any questions, call the Admissions Coordinator at (717)285-1404.