Application



Application for Residency

PERSONAL INFORMATION

Applicant #1 Name Date of Birth Gender M F Marital Status: Single Married Widowed Divorced Social Security Number ____ - ___ - ___ - ____ - ____ ___ Applicant #2 Name_____ Date of Birth _____ Marital Status: Single Married Widowed Divorced Gender M F Social Security Number ____ - ___ - ___ ___ ____ City_____State____Zip____ Home Phone #_____ Cell Phone # _____ Email_____ Current Living Arrangements Church Affiliation_____ Church Address Phone City_____ State____ Zip____

How did you hear about Frederick Living?

(If yes, which communities?)

Have applications been made to other retirement communities? YES NO

FINANCIAL STATEMENT

Please provide copies/documentation for the following information:

Assets	Jo	int	Applicant #1	Applicant #2
Primary Residence Current Market Value				
Mortgage Balance				
Home Equity Lines of Credit				
Name under which residence is deeded				
Other Real Estate Current Market Value - Loans				
Savings Account Balance				
Checking Account Balance				
Money Market Account Balance				
Certificate of Deposit Value				
Stock Values				
Mutual Funds				
Bonds/Bond Values				
IRA/401 (k) Values				
Distribution Amount				
Annuity Value				
Trust Account Value				
Is this irrevocable?	YES	NO		
Is this available for your care?	YES	NO		
Life Insurance Cash Surrender Value				
Burial Reserve				
Other Assets				
Please describe				
Other Assets				
Please describe				
Other Assets				
Please describe				
Have you transferred or divested any assets not listed a	bove with	ı a value	exceeding \$10,00	0? YES NO

Have you transferred or divested any assets not listed above with a value exceeding \$10,000? YES NO If yes, please list details:

Monthly Income	Joint	Applicant #1	Applicant #2
Social Security			
Pension (What portion of your pension will remain			
for your spouse in the event of your death?)			
IRA/401 (k) Distribution			
Regular Annuity Payments			
Other Income			
Please Describe			
Other Income			
Please Describe			

FINANCIAL STATEMENT

Please provide copies/documentation for the following information:

Annual Expenses	Joint	Applicant #1	Applicant #2
Insurance Premiums			
Auto			
Health			
Life			
Long-Term Care			
Medicare Part D			
Prescriptions			
Car Payment			
Travel			
Entertainment			
Gifts			
Other Expenses			
Please describe			
Other Expenses Please describe			
Trease describe			
Do you have a Durable Power of Attorney? YES NO	C		
Name	Relatio	onship	
Address			
City			
Home Phone #	Cell Phone #		
Email			
Emergency Contact Name	Relati	onship	
Email		#	

PERSONAL HISTORY

Applicant #1 _____

What was your profession, trade, or occupation prior to retirement?
What Company did you retire from?
Are you still employed? YES NO If yes, where?
Have you ever served in the military? YES NO If yes, date left Service or Retired?
Which Branch? Rank
What, if any, professional, social, or fraternal organizations are you or were you involved in?
What, if any, civil or community service organizations have you been involved in?
Please List your Hobbies and Interests
Do you have any family or friends that work at Frederick Living? Please list
What are your expectations of a retirement community?
What would you hope to contribute to Frederick Living?
Would you be bringing a pet? YES NO If yes, what kind? Age of pet?
Have you ever been a resident in any retirement community, mental health, or extended care community? YES NO If yes, where?
Are you a US Citizen? YES NO Have you lived in Pennsylvania for the last 12 months? YES NO
Is there anything else that you would like to share?

PERSONAL HISTORY

Applicant #2 _____

What was your profession, trade, or occupation prior to retirement?
What Company did you retire from?
Are you still employed? YES NO If yes, where?
Have you ever served in the military? YES NO If yes, date left Service or Retired?
Which Branch? Rank
What, if any, professional, social, or fraternal organizations are you or were you involved in?
What, if any, civil or community service organizations have you been involved in?
Please List your Hobbies and Interests
Do you have any family or friends that work at Frederick Living? Please list
What are your expectations of a retirement community?
What would you hope to contribute to Frederick Living?
Would you be bringing a pet? YES NO If yes, what kind? Age of pet?
Have you ever been a resident in any retirement community, mental health, or extended care community? YES NO If yes, where?
Are you a US Citizen? YES NO Have you lived in Pennsylvania for the last 12 months? YES NO
Is there anything else that you would like to share?

MEDICAL HISTORY

Applicant #1 _____ Applicant #2 ____

Diabetes Eye infections BLADDER HABITS		#1	#2		#1	#2		#1	#2
Lung Disease Seizures Weight loss/gain Sinus problems Indwelling catheter Emphysema Stroke Other Emphysema Stroke Other Iuberculosis Liver disease Varicose Veins Fainting Spells Hemorrhoids Headaches Rheumatic Fever Gonvulsions Arthritis Polio Diverticulitis Hemorphilia Hemorphilia Hemorphilia Hemorphilia Hemorphilia Heat Disease Back trouble Cancer ASSISTIVE DEVICES Hearing aid Hernia Hernia Brace(s) Walker Sight Heart attack Wheelchair Wheelchair Short and and a Able to do stairs (Y/N) Swelling of ankles Where Assissance Norpolems Memory loss Memory loss Memory loss Memory loss Mure No problems Memory loss Memory loss Mure No problems Menta Sight Ment				Eye infections			BLADDER HABITS		
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Asthma Medications for sleep	-			•					
Double vision									+
	Double vision			<u> </u>					

MEDICAL HISTORY

Applicant #1

Personal Physician's Name	Phone
Address	
Current medications:	
Recent Hospitalization/Rehabilitation Ad	missions (List dates and reasons for treatment)
	sportation for various doctor appointments and other personal needs:
	ently held: (Attach copies of medical cards)
Hospitalization? (Part A) YES NO	
-	Company
	mpany
	e? YES NO Name of Company
Prescription Insurance? YES NO	
Medical Assistance? YES NO	
Medical Assistance #	_ County Expiration Date
Hospital Preference	
Funeral Director of Choice	
Prepaid Burial Reserve? YES NO F	inancial Institution Where Held
Dollar Amount Reserved	Is this Agreement Irrevocable? YES NO

MEDICAL HISTORY

Applicant #2 _____

Personal Physician's Name	Phone
Address	
Recent Hospitalization/Rehabilitation Admis	
Who will be responsible for providing transport	rtation for various doctor appointments and other personal needs?
INSURANCE INFORMATION Specify which types of insurance are current	ly held: (Attach copies of medical cards)
Hospitalization? (Part A) YES NO	
	mpany
Secondary? YES NO Name of Compa	any
Other Health and/or Co-insurance coverage?	YES NO Name of Company
Prescription Insurance? YES NO	
Medical Assistance? YES NO	
Medical Assistance # C	County Expiration Date
Hospital Preference	
Funeral Director of Choice	
Prepaid Burial Reserve? YES NO Fina:	ncial Institution Where Held
Dollar Amount Reserved	Is this Agreement Irrevocable? YES NO

ACCOMMODATION DESIRED

Please write #1, #2 and #3 next to your choices.

RESIDENTIAL LIVING [THE MEADOWS, VILLAS, COTTAGES]	PERSONAL CARE [MAGNOLIA HOUSE]
The Meadows	One Bedroom Deluxe
Villa	One Bedroom
 Three Bedroom, Two Bath Cottage with Garage Two Bedroom, Two Bath Deluxe Cottage with Garage Two Bedroom, Two Bath Cottage with Garage Two Bedroom, Two 2 Bath Cottage Two Bedroom, 1½ Bath Cottage 	Studio Semi-Private PERSONAL CARE [ASPEN VILLAGE MEMORY SUPPORT] Studio Semi-Private
with Garage Two Bedroom, 1½ Bath Cottage One Bedroom Cottage RESIDENTIAL LIVING	HEALTHCARE [CEDARWOOD]PrivateShared Private
[APARTMENTS] Two Bedroom, Two Bath Deluxe Two Bedroom, Two Bath Two Bedroom, One Bath One Bedroom Studio Deluxe	Semi-Private Triple
Studio	

APPLICATION (PAGE 10)

WHO IS ELIGIBLE? Men and women who are 55 years of age or over at the time the application is filed.

APPLICATION REVIEW PROCESS: Upon receipt, the application will be reviewed. Factors in determining service may include, but are not limited to urgency of need, health, present living arrangements, family ability to care, adaptability to group living. A Frederick representative is available to serve applicants during the interim.

DEPOSIT: To be considered for residency the applicant must provide a check for \$1,150 made payable to Frederick Living. If the application is not accepted or if the applicant is unable to meet the essential requirements of tenancy, the \$1,000 is refundable. The \$150 application fee is not refundable. A refund request must be made in writing. Payment and completion of the application does not guarantee acceptance.

FREDERICK'S MISSION: In the spirit of Christian love, Frederick Living cares for and enriches the lives of older adults, while valuing the staff, volunteers and community that serve them.

VALUES: Respect, Integrity, Compassion, Excellence

FREDERICK'S NON-DISCRIMINATION POLICY: It is the policy of FL to voluntarily comply with the provisions of the Federal Civil Rights Act of 1964, The Fair Housing Act and the Pennsylvania Human Relations Act (43 P.O. 5941, et seq.), and all requirements imposed pursuant thereto to the end that no person shall on the grounds of race, color, national origin, ancestry, age, sex, religious creed, non-job related handicap or disability or use of guide or support animal because of blindness, deafness or physical handicap be excluded from participation in, be denied benefits of or otherwise be subject to discrimination of any care or service, except with respect to age, to the extent permitted as housing for senior adults.

• • • •

All information has been provided to the best of my knowledge. I understand that any misrepresentation or willful omission of information on this application will disqualify the prospective resident from admission and may be cause for discharge if discovered after resident's admission.

I understand that it is the practice of Frederick Living to screen all incoming applicants against the Megan's Law websites to ensure that Frederick Living is not providing admission to any person who is registered as a "sexually violent predator" or a "sexual offender". Frederick Living reserves the right to deny admission to anyone found listed on federal and state Megan's Law Websites.

Frederick Living is a NON-SMOKING Campus.

APPLICATION (PAGE 11)

FOR FREDERICK LIVING ADMINISTRATIVE USE ONLY

Applicant #1
Applicant #2
Date application received by Marketing Department
Date reviewed by VP of Finance
Approved Not Approved
Approved For
Signature of Approval
Reason not Approved
Date Call Placed to Applicant
Date Placed on Waiting List
Date Letter of Acceptance Sent
Payment Received
Notes:



