

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 _____

Gender M F Marital Status: Single Married Widowed Divorced

Social Security Number ____ - ____ - ____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Email _____

Current Living Arrangements _____

Church Affiliation _____

Church Address _____ Phone _____

City _____ State _____ Zip _____

Have applications been made to other retirement communities? YES NO

(If yes, which communities?) _____

How did you hear about Frederick Living? _____

FINANCIAL STATEMENT

Please provide copies/documentation for the following information:

| Assets | Joint | 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 above with a value exceeding \$10,000? YES NO
 If yes, please list details: _____

| Monthly Income | Joint | Applicant #1 | Applicant #2 |
|--|-------|--------------|--------------|
| Social Security | | | |
| Pension (<i>What portion of your pension will remain for your spouse in the event of your death?</i>) | | | |
| 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 | | | |

Do you have Long-Term Care Insurance? YES NO

If YES, please provide a copy of the policy.

Any other outstanding debt? (Credit Cards, loans, etc.) _____

Do you have a Durable Power of Attorney? YES NO

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Email _____

Emergency Contact Name _____ Relationship _____

Email _____ Phone # _____

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 _____

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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 _____

Personal Physician's Name _____ Phone _____

Address _____

Medical conditions: _____

Current medications: _____

Recent Hospitalization/Rehabilitation Admissions (List dates and reasons for treatment)

Who will be responsible for providing transportation for various doctor appointments and other personal needs?

INSURANCE INFORMATION

Specify which types of insurance are currently held: (Attach copies of medical cards)

Medicare? YES NO ID Number _____

Hospitalization? (Part A) YES NO Medical? (Part B) YES NO

Co-insurance? YES NO Name of Company _____

Secondary? YES NO Name of Company _____

Other Health and/or Co-insurance coverage? 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 Financial Institution Where Held _____

Dollar Amount Reserved _____ Is this Agreement Irrevocable? YES NO

MEDICAL HISTORY

Applicant #2 _____

Personal Physician's Name _____ Phone _____

Address _____

Medical conditions: _____

Current medications: _____

Recent Hospitalization/Rehabilitation Admissions (List dates and reasons for treatment)

Who will be responsible for providing transportation for various doctor appointments and other personal needs?

INSURANCE INFORMATION

Specify which types of insurance are currently held: (Attach copies of medical cards)

Medicare? YES NO ID Number _____

Hospitalization? (Part A) YES NO Medical? (Part B) YES NO

Co-insurance? YES NO Name of Company _____

Secondary? YES NO Name of Company _____

Other Health and/or Co-insurance coverage? 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 Financial 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]

- The Meadows
- Villa
- 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 with Garage
- Two Bedroom, 1½ Bath Cottage
- One Bedroom Cottage

RESIDENTIAL LIVING [APARTMENTS]

- Two Bedroom, Two Bath Deluxe
- Two Bedroom, Two Bath
- Two Bedroom, One Bath
- One Bedroom
- Studio Deluxe
- Studio

PERSONAL CARE [MAGNOLIA HOUSE]

- One Bedroom Deluxe
- One Bedroom
- Studio
- Semi-Private

PERSONAL CARE [ASPEN VILLAGE | MEMORY SUPPORT]

- Studio
- Semi-Private

HEALTHCARE [CEDARWOOD]

- Private
- Shared Private
- Semi-Private
- Triple

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.



PROSPECTIVE RESIDENT #1 Signature _____ Date _____

PROSPECTIVE RESIDENT #2 Signature _____ Date _____

Person completing this form if other than applicant:

Name (please print) _____

Relationship _____ Phone # _____

Address _____

City _____ State _____ Zip _____

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: _____

