



LONG TERM CARE ADMISSION APPLICATION

Holy Redeemer St. Joseph Manor
1616 Huntingdon Pike
Meadowbrook, PA 19046
215-938-4000

Holy Redeemer Lafayette
8580 Verree Road
Philadelphia, PA 19111
215-214-2800

NAME (Miss, Ms., Mrs., Mr.): \_\_\_\_\_
First Middle Last (Maiden)

PRESENT ADDRESS: \_\_\_\_\_
Street Town or City State Zip Code

PHONE NUMBER: ( ) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_
Area Code

SOCIAL SECURITY NO: \_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN? [ ] Yes [ ] No

MARITAL STATUS: [ ] Married [ ] Single [ ] Widowed [ ] Divorced
IF MARRIED, NAME OF SPOUSE: \_\_\_\_\_

RELIGIOUS AFFILIATION: \_\_\_\_\_

PLEASE LIST WHO WILL BE THE RESPONSIBLE PARTY REGARDING FINANCES:

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PLEASE LIST BELOW AN EMERGENCY CONTACT PERSON/AND OR POWER OF ATTORNEY

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Power of Attorney: Medical \_\_\_\_\_ Financial \_\_\_\_\_

**SPECIFY WHICH TYPE OF INSURANCE COVERAGE IS CURRENTLY HELD:**

(Please attach current insurance cards)

Medicare  Yes  No - Part A Hospitalization  Part B Medical  ID# \_\_\_\_\_

Medicare Supplemental Insurance Name: \_\_\_\_\_ ID# \_\_\_\_\_

Medicare HMO/ Commercial Insurance Name: \_\_\_\_\_ ID# \_\_\_\_\_

Medical Assistance Benefits  Yes  No Recipient # \_\_\_\_\_

Do you have Long Term Care Insurance? If so, provide a copy of policy. Name of policy: \_\_\_\_\_

**CONFIDENTIAL FINANCIAL STATEMENT**

Sources of Regular Income - state amount from each of the following resources - per month where applicable.

**Please attach verification of income and current financial statements with application. All assets listed below must have a current statement attached verifying the information as reported below.**

<b>Resident Monthly Income</b>	<b>Amount</b>
Social Security	\$
Pension (Name of Company)	\$
Interest Income	\$
Dividends	\$
Trust Fund	\$
Other Sources (Identify)	\$
<b>Total Monthly Income</b>	\$

<b>Resident Assets - Please list all assets held individually and/or jointly.</b>			
	<b>Value</b>	<b>Bank/ Acct. No.</b>	<b>All Names on Account</b>
Savings	\$		
Checking/ Money Market	\$		
CD's	\$		
Stocks/ Bonds/ Investments	\$		
Other (Specify)	\$		
<b>Total Assets</b>	\$		

<b>Liabilities - State as monthly payments</b>	<b>Monthly Payments</b>
Mortgages (on Real Estate)	\$
Home Equity Loans	\$
Credit Cards	\$
Health Insurance Premiums	\$
Other (Identify)	\$

<b>Total Liabilities</b>	\$
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<b>Real Estate (Please list all properties owned)</b>		
Location	Market Value	Name(s) on Deed
	\$	
	\$	

If currently none, when was Real Estate last owned? (Year): \_\_\_\_\_

**Transferred/ Gifted Assets:**

Was there any Real Estate **Transferred** or **Gifted** in the last 5 years?  Yes  No

If yes, to whom? \_\_\_\_\_ Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Was there any Real Estate Sold in the last 5 Years? Yes or No (**circle one**)

Was there any Money **Transferred** or **Gifted** in the last 5 years?  Yes  No

If yes, to whom? \_\_\_\_\_ Date: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Life Insurance:**

Name of Company	Policy #	Face Value	Cash Surrender
_____	_____	_____	_____
_____	_____	_____	_____

**Trusts:**

Do you hold or are you the recipient of a trust?  Yes  No

If yes, please **provide a copy** with the application.

**Funeral Arrangements**

Funeral Director: \_\_\_\_\_ Phone: \_\_\_\_\_

(Applicant for Admissions)

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

Signature: \_\_\_\_\_

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

(Resident)

Signature: \_\_\_\_\_

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

(Power of Attorney/ Responsible Party)