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

PERSONAL CARE & LONG TERM CARE ADMISSION APPLICATION

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 AFFLIATION: _____

PLEASE LIST WHO WILL BE THE RESIDENT REPRESENTATIVE 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.

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

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

Liabilities - State as monthly payments	**Monthly Payments**
Mortgages (on Real Estate)	$
Home Equity Loans	$
Credit Cards	$
Health Insurance Premiums	$
Other (Identify)	$
Total Liabilities	$

Real Estate (Please list all properties owned)		
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/ Resident Representative)