

RESIDENT ADMISSIONS

Application for Senior Living Admission

I/We, _____, hereby apply for admission for residency within Heritage. *Upon review of the application, Heritage will consider the Applicant for admission. The Applicant or Representative certify that the information contained in the application is factually true and complete.*

Cottages at The Homestead

- ☐ Hillview One Bedroom
☐ Hillview Two Bedroom
☐ Hillview Single Family
☐ Coachlight
☐ Coachlight Single Family

Apartments at The Homestead

- ☐ Two Bedroom Deluxe
☐ Two Bedroom
☐ One Bedroom Deluxe
☐ One Bedroom

Assisted Living at The Homestead

- ☐ Bergquist Assisted Living

Cottages at The Woodlands

- ☐ One Bedroom Duplex
☐ Two Bedroom Duplex
☐ Single Family

Assisted Living at The Woodlands

- ☐ Orchard Grove Assisted Living

PERSONAL INFORMATION

Applicant signature _____ Date _____

Applicant signature _____ Date _____

Power of Attorney signature (if necessary): _____ Date _____

In case of joint application, please provide necessary information for both applicants.

Applicant name _____

Home phone (____) _____ Cell phone (____) _____

Email _____ Social Security # _____ - _____ - _____

Date of birth _____ Age _____ Sex _____ Place of birth _____

Home address _____

Are you an American citizen? ☐ Yes ☐ No If foreign born, date of naturalization _____

U.S. veteran? ☐ Yes ☐ No Was/Is spouse a U.S. veteran? ☐ Yes ☐ No ☐ N/A Religious affiliation _____

Occupation _____ Currently employed? ☐ Yes ☐ No Retirement date _____

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Partnered

Spouse/Partner name (even if deceased) _____

Date of birth _____ Age _____ Sex _____ Place of birth _____

Social Security # _____ - _____ - _____

Date of marriage (if applicable) _____ Date of Death (if applicable) _____

PHYSICIAN INFORMATION

Primary physician _____ Phone _____

Spouse physician _____ Phone _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Relationship _____

Phone (____) _____ Email _____

Home address _____

Name _____ Relationship _____

Phone (____) _____ Email _____

Home address _____

ADVANCED DIRECTIVESDo you have any of the following? *Heritage requests copies of all Advanced Directives.*☐ Yes ☐ No Do Not Resuscitate Order☐ Yes ☐ No Living Will☐ Yes ☐ No Power of Attorney☐ Yes ☐ No Health Care Proxy**Designated Representative**

A Designated Representative manages the affairs and finances for an applicant. Heritage requests that to the greatest extent possible, the individual named as the Designated Representative for the applicant be an existing Power of Attorney for the applicant or be named a Power of Attorney by the Applicant as soon as possible to ensure continuity of payment of all expense incurred from the Applicant's income and resources.

Name _____ Relationship _____

Phone (____) _____ Email _____

Home address _____

INSURANCE INFORMATION

Medicare # _____ Effective date _____

Other insurances

_____ ID# _____ Effective date _____

_____ ID# _____ Effective date _____

Pharmacy plan

_____ ID# _____ Effective date _____

Long Term Care insurance

_____ ID# _____ Effective date _____

Medicaid # _____ County _____ Effective date _____

*Copies of all insurance cards will be required at time of admission.***FINANCIAL INFORMATION*****Monthly income******Applicant******Spouse/Partner***

Salary \$ _____

\$ _____

Social Security \$ _____

\$ _____

SSI \$ _____

\$ _____

Retirement pension \$ _____

\$ _____

Veterans pension \$ _____

\$ _____

Other income \$ _____

\$ _____

Assets

Checking \$ _____

\$ _____

Savings \$ _____

\$ _____

Stocks & Bonds \$ _____

\$ _____

Automobile \$ _____

\$ _____

Other Assets \$ _____

\$ _____

Real estate ☐ Yes ☐ No Value _____ Location _____

Owned by ☐ Applicant ☐ Applicant & other individual (name) _____

Life estate only ☐ Yes ☐ No If yes, who gets the property when you pass? _____

Life insurance ☐ Yes ☐ No Face value _____. Cash value _____

Policy # _____ Name of beneficiary _____

Prepaid funeral fund ☐ Yes ☐ No Value _____ Location _____

Liabilities

Home mortgage ☐ Yes ☐ No Value _____ Amount owed _____

Loans ☐ Yes ☐ No Amount owed _____ Credit cards ☐ Yes ☐ No Amount owed _____

Transfers

Has there been transfer of assets or property in the past 60 months? ☐ Yes ☐ No Value _____

Date of transfer _____ Describe asset or property transferred _____

Who was it transferred to? _____

Has a gift of money been given in the past 60 months ☐ Yes ☐ No Value _____

Date of gift _____ Gift was given to _____

Has there been a signed promissory note? ☐ Yes ☐ No Value _____

Who was the loan given to? _____

Heritage Ministries is an equal housing opportunity providers. All services and accommodations are available to all persons without regard to race, creed, color, religion, disability, national origin, sexual orientation, age, sex, marital status, or familial status.