

Application for Residency
Countryside Christian Community
200 Bellann Court, Annville, PA 17003-9012
717-867-4636

Note: This application must be completed in its entirety to be considered for residency or a waiting list. No information included herein will be shared with other individuals or parties not necessary for the processing of your application to the community.

Today's Date: _____

For office use only:

Application is for: (Check only one)

Nursing care _____

Assisted living _____

Respite Care _____

Cottage/apartment _____

Application received _____

Approved for admission _____

Date of arrival _____

Admitted from _____

Contact start date _____

Admission policy & disclosure provided:

Initials: _____ Date: _____

Applicant's Name:

Last _____ First _____ Middle _____ Maiden _____

Marital Status: (Circle one) Single Married Widow/Widower Divorced Co-habitant

If admission is desired for you and a co-applicant, indicate name of co-applicant: _____

Current Address:

Street _____ Town _____

State _____ Zip _____ Telephone Number () _____ E-mail: _____

Your present age _____ Birth date _____ Birthplace _____

Social Security Number _____ Former Occupation _____

Medicare Number _____ (If applicable, Medicaid #): _____

Secondary Insurance to Medicare (Co-insurance) _____

Group Number _____ Identification Number _____

Type of plan if known: (HMO, PPO, PPS, std. plan, etc.): _____

Long-term care insurance carrier _____ Identification Number _____

Coverage included: (Skilled nursing, assisted living, etc.): _____

Father's Name _____ Mother's Name _____

Educational Background:

High school: _____ Date of graduation: _____

Under graduate: _____ Major: _____ Date of graduation: _____

Graduate degree: _____ Major: _____ Date of graduation: _____

Special licensure, certification or education: _____

Hobbies/special interests: _____

How did you first learn about Countryside Christian Community? _____

Who was the person of greatest influence in your decision to consider Countryside Christian? _____

In what areas would you be interested in volunteering: _____

Names and addresses of children, powers of attorney, brothers/sisters or other close relationships:

(List first the person of primary contact (other than applicants) and check the appropriate boxes. **POA?** **Receive Billings?**

Name _____ Relationship _____ Phone _____ Yes No

Address _____ Town _____ State _____ Zip _____

Name _____ Relationship _____ Phone _____ Yes No

Address _____ Town _____ State _____ Zip _____

Name _____ Relationship _____ Phone _____ Yes No

Address _____ Town _____ State _____ Zip _____

Name of personal physician _____ Phone _____

Present condition of health (Describe any illness or physical limitations): _____

Describe any serious illness(s) you have had in the past: Hospitalization Currently taking medication for this illness?

_____ Yes No Yes No

_____ Yes No Yes No

_____ Yes No Yes No

_____ Yes No Yes No

Date of your last medical examination _____

Do you have pre-planned funeral arrangements completed: (Circle one) Yes No

Funeral Home Preferred _____ Phone _____

Location of burial lot _____

Do you use tobacco, alcohol or controlled substance in any form? (Circle one) Yes No

If yes, state what substances are used _____

Religious affiliation: (Circle one) Protestant Catholic Jewish Other (Specify) _____

Name of church you attend or are a member: _____

Full address of church: _____

Contact person with church: _____ Phone: _____

List any other institution(s) with which you have resided:

_____ Length of stay: _____ Date(s): _____

_____ Length of stay: _____ Date(s): _____

If considering a cottage, do you expect to bring a pet to live with you? Yes No If yes, what type _____

Financial Information: (For assets & income owned by the applicant(s). Indicate if assets partly owned by others. Applicants failing to include all assets and income may face the rejection of their application or discharge from the community)

Checking & Saving Account(s) \$ _____ IRA & Retirement Funds (Current principle) \$ _____

Certificates of Deposit \$ _____ Other stocks & bonds (Current value) \$ _____

Real Estate:	Address	Estimated Value	Remaining Debt
Primary residence:	_____	\$ _____	\$ _____
Land/acreage:	_____	\$ _____	\$ _____
Vacation home/other:	_____	\$ _____	\$ _____

Life Insurance:

<u>Company Name</u>	<u>Policy No.</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Cash Value</u>	<u>Face Value</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other debts or assets not listed above: _____ Total outstanding balance \$ _____

Total monthly payments required for outstanding debt \$ _____ Years remaining on debt: _____

Monthly Income: (Income for this applicant only. Do not include income of spouse or co-applicant)

Social Security:	\$ _____	Interest & dividends	\$ _____
Employment pension	\$ _____	Rental income	\$ _____
IRA / 401K income	\$ _____	Other income (Specify)	\$ _____
Annuities	\$ _____	<u>Total Monthly Income</u>	\$ _____

Has there been a transfer of any assets of the applicant or co-applicant to another party within the past five years (60 months)? (Circle one) If, yes, provide details of the transfer including the date(s), type of assets and value of the assets.

Yes No _____

Name and address of person holding power of attorney for applicant: (If you do not have a power of attorney, check here) _____

Name _____ Address _____ Phone _____

Does the Power of Attorney document provide that it continue to be effective if the applicant is incompetent? Yes No

When would you ideally like to move to the Community? Month _____ Year _____

If this application is not for consideration of immediate residency, indicate the waiting list you desire: (Check only one)

Standard Waiting List (A \$30 non-refundable application fee applies)

Priority Waiting List (A \$2,000 deposit applies)

The type of living accommodation you prefer is: (Circle only one)

Healthcare or assisted living: semi-private room private room large private room

Cottage: small one-bedroom cottage two-bedroom single cottage two-bedroom duplex cottage

Admission Application Agreement

If my application is accepted, admission to and continued residency at Countryside Christian Community shall be made subject to the following conditions:

- A. I shall abide by operating policies of Countryside Christian Community in effect at all times.
- B. In event of my failure to conform to any of the policies, I shall, upon written notice from the Home, peaceably remove myself and my belongings from Countryside Christian Community within 30 (thirty) days of such notice.
- C. In the event that it is not feasible for Countryside Christian Community to continue to care for me because of a change in my mental or physical health or because of the endangerment of the health or safety of the residents or staff of Countryside Christian Community, Countryside Christian Community may transfer me to another facility provided that, except in the case of an emergency that arises from events beyond the control of Countryside Christian Community or from my physical or mental condition, Countryside Christian Community provides reasonable notification to me prior to the transfer in order to allow reasonable time for preparation for the transfer.
- D. Countryside Christian Community may terminate, at any time, any contract or agreement between it and me because any statement, answer, representation, description, or omission made by me on this application is false, inaccurate, or misleading.
- E. I hereby agree to pay all charges in accordance with the rates and terms set forth by the Board of Directors of Countryside Christian Community. Room, board and other fixed charges are payable upon receipt of a statement. If I become unable to do so, I hereby instruct my Power of Attorney to do so in my behalf. Should my account become delinquent, Countryside Christian Community is hereby authorized to proceed to arrange for payment of the account at my expense.
- F. In the event that I become unable to pay Countryside Christian Community for the services that are being provided to me, I will co-operate in completing and executing any application for Medicaid or any other state or federal funds that might be available to pay for the charges for such services.
- G. I hereby agree to provide written contact to Countryside Christian Community as soon as my needs or intentions change requiring services or care other than those I have indicated in this application. Failure to provide this written contact will result in the denial of this application and my position on a waiting list. I will also allow Countryside Christian Community the opportunity to offer the services or care I may need before seeking admission to another community. I understand that Countryside Christian Community is under no obligation to provide the service or care I need or in the timeframe my needs may require.
- H. This agreement shall be binding on me, my estate and my heirs and assigns.

Applicant's or Responsible Party's signature: _____ Date: _____

(Consideration of this application for admission or a waiting list will not be made without applicant's signature!)

Witness:

Countryside Christian Community Representative:
