

PERSONAL HISTORY

Have you appointed a Durable Power of Attorney? Yes _____ No _____

If yes: Name _____ Phone () _____

Address _____ Relationship _____

Have you lived in Pennsylvania the last 12 months: Yes _____ No _____

HEALTH HISTORY

Physician Name _____ Phone () _____

Address _____ Zip _____

List any hospitalizations in the past six (6) months?

Hospital _____ Year _____ Reason _____

Hospital _____ Year _____ Reason _____

Have you ever had a prior stay at a nursing home? Yes _____ No _____

Dates _____ Name of Facility _____

Give the date of your most recent shot for tetanus _____ flu _____ pneumovax _____

Check if you need assistance with any of the following:

___ Ambulation	___ Dressing	___ Finances	___ Special Diet
___ Bathing	___ Eating	___ Transportation	___ Other Needs:
___ Toileting	___ Medications	___ Housekeeping	_____
___ Grooming	___ Telephone Use	___ Laundry	_____

FINANCIAL STATEMENT

Please answer all questions.

Indicate if this is a joint financial statement of a couple or of an individual. Joint _____ Individual _____

Have you disposed of any property, real or personal for less than market value, within the last 5 years?

Yes _____ No _____ If yes, please explain: _____

Do you have a reverse mortgage? Yes _____ No _____

Miscellaneous Financial Data

Life Insurance? Yes _____ No _____ Value \$ _____

Long Term Care Insurance? Yes _____ No _____ Value \$ _____ Carrier _____

Prepaid Burial Fund? Yes _____ No _____ Value \$ _____ Carrier _____

Other _____

FINANCIAL STATEMENT (Continued)

ASSETS

SOURCE OF INCOME
(monthly—net)

Cash and Checking

Bank/Account # _____ \$ _____

Bank/Account # _____ \$ _____

Savings/Money Market Account

Bank/Account # _____ \$ _____

Bank/Account # _____ \$ _____

Certificates of Deposit

Bank/Account # _____ \$ _____

Bank/Account # _____ \$ _____

Bank/Account # _____ \$ _____

Bank/Account # _____ \$ _____

Bank/Account # _____ \$ _____

Bank/Account # _____ \$ _____

Real Estate Owned—Schedule A
(See below) \$ _____

Stocks, Securities and Bonds
(Market value) \$ _____

*Annuity \$ _____

IRA \$ _____

Trust Account \$ _____

Other Assets: \$ _____

\$ _____

*Any note, mortgage or loans receivable \$ _____

\$ _____

TOTAL ASSETS AVAILABLE \$ _____

*Copy required

Social Security \$ _____

Pensions \$ _____

\$ _____

Annuities \$ _____

Dividends and Interest \$ _____

IRA \$ _____

Other Income: \$ _____

\$ _____

\$ _____

TOTAL MONTHLY INCOME \$ _____

LIABILITIES

Notes Payable \$ _____

Mortgages Payable \$ _____

Home Equity \$ _____

Other Debts: \$ _____

\$ _____

\$ _____

\$ _____

TOTAL LIABILITIES \$ _____

SCHEDULE OF REAL ESTATE OWNED –“SCHEDULE A”

(Place an asterisk (*) by primary residence.)

Description of Property and Location	Date Acquired	Cost	Market Value
_____	____ / ____ / ____	\$ _____	\$ _____
_____	____ / ____ / ____	\$ _____	\$ _____

EMERGENCY INFORMATION

Person(s) to be contacted

Name _____ Relation _____ Phone () _____

Address _____ Zip _____

Name _____ Relation _____ Phone () _____

Address _____ Zip _____

Funeral Home:

Name _____ Phone () _____

Address _____ Zip _____

I hereby certify that the above information is correct and complete to the best of my knowledge. I understand that any misrepresentation could result in the forfeiture of my application or status as a resident of Mennonite Home Communities. I understand that this application does not obligate Mennonite Home Communities in any way and is submitted to be placed on file and that the above information is strictly confidential.

Signed _____

Date _____

Applicant or Power of Attorney or Responsible Party



OFFICE USE ONLY

Date Application Received _____

Date of review by Governing Board _____

Accepted _____ Not Accepted _____ Reason _____

Accepted by _____

Date acceptance letter sent _____

Waiting List _____

Progress notes: