

United Church of Christ Homes

Ephrata Manor

Thornwald Home

Kindred Place

Sarah A. Todd Memorial Home

The Lebanon Valley Home

APPLICATION FOR ADMISSION

ALL Applicants complete the following pages:

Biographical and Insurance Information: pages 1

Community & Service Interests: page 2

Financial Information: pages 3 and 4

Nursing and Personal Care Applicants complete additional:

Medical Information: page 5 [unless admitted directly
from the hospital]

The information requested on these forms is needed to evaluate the applicant for admission.
Please complete to the best of your ability. All information will be kept confidential.

Name _____ Date _____

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email Address _____ Social Security Number _____

Date of Birth _____ Sex: Male Female

Marital Status: Single Married Widow/er Divorced Separated

Name of Spouse _____

Insurances:

Medicare: _____ MBI#: _____

Part A Yes No Part B Yes No

Medical Assistance # _____

Health Insurance Provider _____

Policy # _____

Part D Prescription Drug Provider _____

Policy # _____

Long Term Care Insurance Provider _____

Policy # _____

Admission Application: Community and Service Interests

Is there any special date by which you desire to enter the Community? _____

Check Preferred Location

Check Preferred Accommodation

Ephrata Manor
99 Bethany Road
Ephrata, PA 17522
(717) 738-4940

Apartment
Personal Care and Residential Living
Nursing Care

The Lebanon Valley Home
550 East Main Street
Annville, PA 17003
(717) 867-4467

Cottage
Personal Care and Residential Living
Nursing Care

Thornwald Home
442 Walnut Bottom Road
Carlisle, PA 17013
(717) 249-4118

Personal Care and Residential Living
Nursing Care

Kindred Place at Annville
One Kindred Place
Annville, PA 17003
(717) 867-5572

Apartment

Kindred Place at Harrisburg
4700 Oakhurst Blvd.
Harrisburg, PA 17110
(717) 657-7900

Apartment

Sarah A. Todd Memorial Home
1000 West South Street
Carlisle, PA 17013
(717) 245-2187

Apartment
Cottage
NursingCare

With regard to admission and services, it is the policy of United Church of Christ Homes to operate each of its communities and programs, and provide services without regard to race, color, national origin, ancestry, religion, age, sex, or disability.

Admission Application: Financial Information

Applicant Name

Income/Assets Available for Applicants' Care	Applicant	Spouse	*	Not Verified	Explanation
<i>Income</i>					
Monthly Social Security/SSI			*		
Monthly Pensions			*		
Monthly Annuities			*		
Monthly Rental Income			*		
Other (list):			*		
			*		
			*		
<i>Assets Available for Applicants' Care</i>					
Savings & Checking Accounts			*		
Investments			*		
Certificates of Deposit			*		
Home			*		
Other Properties			*		
Automobile					
Life Insurance					
IRA's/Retirement Accounts			*		
Other (list):					
			*		
			*		
<i>Liabilities</i>					
Credit Card Debt			*		
Home Mortgage or Reverse Mortgage			*		
Loans			*		
Notes			*		
Other Debt (list):					
			*		
			*		

*** Please attach verification of requested information.**

Verification of information will be required in order to complete application.

**Name of _____
person completing information**

Admission Application: Financial Supplement

Applicant Name _____

Do you have a Power of Attorney (POA)? Yes No

If yes, Name: _____ Tel # _____

Address: _____ Cell # _____

Do you have a prepaid burial plan? Yes No

If yes, describe _____

Have you sold or transferred any assets for less than fair market value in the past five (5) years?

Yes No

If yes, please describe the asset, the value, and the date of transfer.

Have you purchased a Life Estate in another individual's home? Yes No

If yes, have you lived in that home for at least 1 year? Yes No

In the past five (5) years, have you made any changes to an annuity?

Yes No

If yes, what types of changes did you make? (please check all that apply)

changed the course of payments to be made

changed the treatment of income or principal

added to the principal

made an elective withdrawal of funds

changed the distribution of the annuity

I hereby affirm that the information provided above is true and complete. I understand that any false or misleading representations or omissions may disqualify the applicant for consideration for admission.

By signing below, I hereby give permission to UCC Homes to access my financial information for the purpose of verifying the financial information provided.

Resident/Responsible Party/POA

Date

Note: The facility will complete a background review of assets, including any that may have been transferred or disposed of in the prior five years.

Admission Application: Medical Information

Applicant Name _____

Applicant Information (Nursing & Personal Care Applicants Only)

Are you capable of caring for your personal needs: bathing, dressing, walking, eating? Yes No

If no, please explain

What support and safety measures do you use? Cane Walker Wheelchair

Hearing Aid Glasses

Special Dietary Needs: _____

Allergies: _____

Have you completed a Living Will? Yes No

Signature of person completing information: _____

Physician Evaluation

Height _____ Weight _____ BP _____ Pulse _____

Is Applicant free of infectious disease? Yes No Date/result last chest x-ray _____

Immunization Hx: Flu _____ Pneumovax _____ TB _____

Is Applicant physically restricted in any way? _____

Is there any history of mental incapacity or mental illness? _____

Drug Allergies: _____

	MNL	ABN	Description - Abnormalities
Skin			
Eyes			
ENT			
Lungs			
Heart			
Breast			
Abdomen			
Back			
Genitalia, Rectal			
Extremities			
Neurological			
Orientation, Memory			

Major Diagnoses: ____

Additional Comments:

Please attach current medications and dosages and any additional information you feel would be helpful in determining Applicant's needs and our ability to meet those needs.

Physician Signature _____ Date

Admission Application: Personal Information

Applicant Name _____

Names of ALL Living Children: (if none, list three nearest relatives)

RELATIONSHIP	NAME	CITY/STATE	HOME TEL #	WORK TEL#	CELL #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Responsible Party Name _____ Home # _____
Address _____ Work # _____
_____ Cell # _____

E-mail Address _____

1st Emergency Contact _____ Home# _____ Work # _____ Cell # _____

2nd Emergency Contact _____ Home# _____ Work # _____ Cell # _____

Veteran Yes No Active duty dates _____ (year) to _____ (year)

Spouse of a Veteran Yes No

Optional Information

Church Membership _____ City/State _____

Pastor's Name _____ Telephone # _____

Previous Occupation(s) _____