

# 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**

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