



More CHOICES. |  
Your CHOICES.

Date: \_\_\_\_\_

3001 Lititz Pike, Lititz, PA 17543  
Phone: (717) 581-4438  
Fax: (717) 581-4455



## Supportive Living Application

**Personal Care:** Individuals must be 62 years of age or older. In Skilled Nursing Care and Rehabilitation Center, Brethren Village does not discriminate on the basis of age; however, we do not provide pediatric care.

**Please Note:** Please answer all questions as completely and accurately as possible. In accordance with our Privacy Policy, by providing your name and contact information, you grant permission for representatives of Brethren Village to communicate with you. Your personal information is strictly confidential and will not be sold or released to other parties.

**This application is being submitted for residency in** (check all that apply):

- Skilled Nursing Care     Skilled Nursing Memory Support
- Short Term Rehabilitation     Personal Care     Personal Care Memory Support

**This application is being submitted for the following time frame:**

- I am ready to move as soon as possible.     Other \_\_\_\_\_

**How did you learn of Brethren Village?**

- Church                       Word of mouth                       Trade show – where \_\_\_\_\_
- Resident referral             Close to home/drive by             Advertising – where \_\_\_\_\_
- Web site                       Other – explain \_\_\_\_\_

**Full Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**Marital Status**

Married: Spouse's name \_\_\_\_\_ Anniversary date \_\_\_\_\_

Single     Widowed     Separated     Divorced

**Children**

| Name | Address | State | Zip | Phone # |
|------|---------|-------|-----|---------|
|      |         |       |     |         |
|      |         |       |     |         |
|      |         |       |     |         |
|      |         |       |     |         |
|      |         |       |     |         |

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Primary Insurance or HMO/PPO Plan \_\_\_\_\_  
Company Policy #

Medicare # \_\_\_\_\_  Part A  Part B Medicaid # (if applicable) \_\_\_\_\_

Medicare Supplement \_\_\_\_\_  
Company Policy #

Long Term Care Insurance (attach benefit page) \_\_\_\_\_  
Company Policy #

**Primary Care Physician Information**

Name Address State Zip Phone #

Do you have a Durable Financial & Medical Power-of-Attorney?  Yes  No If yes,

Name Address State Zip Phone #

**Who is to be billed for services provided?**

c/o \_\_\_\_\_  
Name Address State Zip Phone #

Do you have a Living Will or Advance Directive?  Yes  No

Do you have funeral arrangements?  Yes  No  Prepaid

Name Address State Zip Phone #

Where have you resided most of your life? \_\_\_\_\_

What is/was your current/previous occupation? \_\_\_\_\_

If an attendee/member, what is your place of worship? \_\_\_\_\_

Name Address State Zip Phone #

Veteran or spouse of veteran?  Yes  No Branch of Service \_\_\_\_\_ Years Served \_\_\_\_\_

**Have you ever been a resident in any retirement, mental health or nursing facility?**

If so, give dates and address of facility \_\_\_\_\_

Have you made application to any other facility? \_\_\_\_\_

**Financial Statement** List all assets that you and/or spouse own or in which you and/or spouse have an interest, and list all sources of income for you and/or spouse.

Is this a  Joint or  Individual statement? If two people disclosing individually, please list each person's financials separately.

Have you disposed of any property, real or personal, within the last five years?  Yes  No If yes, please describe the property, to whom it was given and when:

| Assets/Investments             | Joint or Applicant #1 | Applicant #2 | Monthly Income                           | Joint or Applicant #1 | Applicant #2 |
|--------------------------------|-----------------------|--------------|--|-----------------------|--------------|
| Cash, Checking, Savings, CDs   |                       |              | Interest from asset on left              |                       |              |
| Stocks / Equities (non-IRA)    |                       |              | Dividend from asset on left              |                       |              |
| Bonds / Fixed Income (non-IRA) |                       |              | Distribution from asset on left          |                       |              |
| IRAs                           |                       |              | Distribution from asset on left          |                       |              |
| Real Estate (Primary)          |                       |              | Pension                                  |                       |              |
| Real Estate (Other)            |                       |              | If pension transfers to spouse, amount - |                       |              |
| Other (describe)               |                       |              | Other (please describe)                  |                       |              |
| Total Assets/Investments       |                       |              | Social Security (net)                    |                       |              |
| <b>Other Funds</b>             |                       |              |  |                       |              |
| Annuities                      |                       |              | Distribution from fund on left           |                       |              |
| Trust Accounts                 |                       |              | Distribution from fund on left           |                       |              |
| <b>Total Monthly Income</b>    |                       |              |  |                       |              |
| <b>Liabilities</b>             |                       |              |  |                       |              |
| Mortgage/Line of Credit        |                       |              | <b>Long Term Care Insurance</b>          |                       |              |
| Other (describe)               |                       |              | Current Daily Benefit                    |                       |              |
| Total Liabilities              |                       |              | Benefit period                           |                       |              |

Do you own or have an interest in any assets, income or liabilities not listed above:  Yes  No If yes, please provide explanation: \_\_\_\_\_

Please provide support (statements, tax returns, etc.) for the accounts above.

I hereby declare that all information included on this application is true to the best of my knowledge. I understand that this Financial Statement is being reviewed by Brethren Village to financially qualify me and does not constitute a contract, or promise of, admission to Brethren Village. If admitted, I hereby understand and declare that all assets and income listed in this application shall be made available for either or both of my and/or my spouse's care at Brethren Village.

Applicant(s) signature \_\_\_\_\_

Applicant(s) signature \_\_\_\_\_

Date \_\_\_\_\_

# Emergency Information

Persons to be contacted in case of emergency or death

1. Name \_\_\_\_\_ Relation \_\_\_\_\_

Area code & home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_

Area code & home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Relation \_\_\_\_\_

Area code & home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Name \_\_\_\_\_ Relation \_\_\_\_\_

Area code & home phone \_\_\_\_\_ Cell \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If I am accepted as a Resident, I hereby agree to enter into a contract to abide by the terms of the Resident Agreement, and agree that if my physical or mental condition should become such as to require special care that the Village cannot give, provisions may be made for my care as the Administration of Brethren Village may deem best at my cost. I hereby authorize law enforcement agencies to release my criminal records and/or sex offender registration information to Brethren Village or to an agency contracted by Brethren village to conduct criminal background checks. I hereby authorize health care professionals to release my medical records to Brethren Village. I hereby declare that all information is true to the best of my knowledge.

\_\_\_\_\_  
APPLICANT(S) SIGNATURE

\_\_\_\_\_  
DATE

## Office use only:

Date application received \_\_\_\_\_

Date of admission \_\_\_\_\_

Initial placement \_\_\_\_\_