



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 #

www.bv.org



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)		
Other Funds				Monthly Distribution (if applicable)		
Annuities			->	Distribution from fund on left		
Trust Accounts			->	Distribution from fund on left		
				Total Monthly Income		
Liabilities				Long Term Care Insurance		
Mortgage/Line of Credit				Current Daily Benefit		
Other (describe)				Benefit period		
Total Liabilities						

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 _____