

TO BUILD A
VIBRANT COMMUNITY,
IT TAKES A
VILLAGE.



Date: _____

3001 Lititz Pike, Lititz, PA 17543

Phone: 717-581-4438

Fax: 717-581-4455

bv.org



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 Respite ☐ Short Term Rehabilitation
☐ Personal Care ☐ Personal Care Respite ☐ Personal Care Memory Support

This application is being submitted for the following timeframe (check one):

- ☐ I am ready to move as soon as possible. or ☐ Other _____

How did you learn of Brethren Village?

- ☐ Church ☐ Word of mouth ☐ Advertising – ☐ Outdoor ☐ Radio ☐ Print
☐ Resident referral ☐ Close to home/drive by ☐ Other – explain _____
☐ Website ☐ Social Media

Full Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone # _____ **E-mail address** _____

Cell Phone # _____ **Date of Birth** _____ **Social Security #** _____

Preferred contact method (check all that apply): ☐ Mail ☐ Home Phone ☐ Cell ☐ Email ☐ Text

Marital Status

☐ Married: Spouse's name _____ Anniversary date _____

☐ Single ☐ Widowed ☐ Separated ☐ Divorced

Children

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

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Internal Processing ☐ Enquire ☐ Examiner ☐ Email ☐ Wait list ☐ _____

TO BUILD A
VIBRANT COMMUNITY,
IT TAKES A
VILLAGE.



Medicare # _____ ☐ **Part A** ☐ **Part B** **Medicaid #** (if applicable) _____

Medicare Advantage Plan _____

Company

Policy #

Medicare Supplement _____

Company

Policy #

HMO/PPO Insurance Plan _____

Company

Policy #

Prescription Drug Coverage _____

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 #

Do you have a Living Will or Advanced Directive? ☐ Yes ☐ No

Do you have funeral arrangements? ☐ Yes ☐ No ☐ Prepaid

Name Address State Zip Phone #

Who will receive the monthly statement for services provided?

Name Address State Zip Phone #

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 an 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 gifted 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	Applicant #1	Applicant #2		Monthly Income	Applicant #1	Applicant #2
Cash, Checking, Savings, CDs				→	Interest from asset on left		
Stocks/Equities (non-IRA)				→	Divident from asset on left		
Bonds/Fixed Income (non-IRA)				→	Distribution from asset on left		
IRA's				→	Distribution from asset on left		
Real Estate (Primary)					Pension		
Address							
Real Estate (Other)					If pension transfers to spouse, amount-		
Address							
Other (describe)					Other (describe)		
Total Assets/Investments					Social Security (net)		

Other Funds					Monthly Distribution (if applicable)		
Annuities <input type="checkbox"/> Income generating <input type="checkbox"/> Asset based				→	Distribution from fund on left		
Trust Accounts <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable				→	Distribution from fund on left		
					Total Monthly Income		

Liabilities			
Mortgage/Line of Credit			
Other (describe)			
Total Liabilities			

Long Term Care Insurance		
Current Daily Benefit		
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: _____

You will be asked to provide additional support at time of admissions.

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.

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 _____

Preferred contact method (check all that apply):

☐ Mail ☐ Home Phone ☐ Cell ☐ Work ☐ Email ☐ Text

2. Name _____ Relation _____

Area code & home phone _____ Cell _____ Work phone _____

Email address _____

Street _____ City _____ State _____ Zip _____

Preferred contact method (check all that apply):

☐ Mail ☐ Home Phone ☐ Cell ☐ Work ☐ Email ☐ Text

3. Name _____ Relation _____

Area code & home phone _____ Cell _____ Work phone _____

Email address _____

Street _____ City _____ State _____ Zip _____

Preferred contact method (check all that apply):

☐ Mail ☐ Home Phone ☐ Cell ☐ Work ☐ Email ☐ Text

4. Name _____ Relation _____

Area code & home phone _____ Cell _____ Work phone _____

Email address _____

Street _____ City _____ State _____ Zip _____

Preferred contact method (check all that apply):

☐ Mail ☐ Home Phone ☐ Cell ☐ Work ☐ Email ☐ Text

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 Signature

Date