

TO BUILD A
VIBRANT COMMUNITY,
IT TAKES A
VILLAGE.



Date: _____

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Phone: 717-581-4438

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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

I'm looking to move into Brethren Village (check one):

- As soon as possible. In the year _____. Unsure at this time.

Full Name(s) _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone 1** _____

Phone 2 _____ **E-mail address 1** _____ **E-mail address 2** _____

Preferred contact method (check all that apply): Mail Phone 1 Phone 2 Email 1 Email 2 Text

Marital Status

- Married: Anniversary date _____ Single Widowed Separated Divorced

How did you learn of Brethren Village? (check all that apply):

- Church Area native Advertising – Billboards Print Ad
 Resident referral _____ Close to home/drive by Other – explain _____
 BV.org Web search Social Media Team member – Current Former

Children

Name	Address	State	Zip	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Internal Processing Enquire Examiner Email Wait list _____

Applicant Full Name _____

Date of Birth _____ **Social Security #** (optional) _____

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

Medicare Advantage Plan _____

Company

Policy #

Medicare Supplement of Plan C or above _____

Company

Policy #

Veteran or spouse of veteran? Yes No **Branch of Service** _____ **Years Served** _____

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 Advance Directive? Yes No

Physician Information

Name Address State Zip Phone #

What did you do for a living? _____

What is your highest level of education? _____

What is your Church affiliation ? _____

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

Name Address State Zip Phone #

What is your service to your church and/or community? _____

What are your hobbies? _____

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? _____

What amenities are you looking for in Brethren Village? (check all that apply):

- Maintenance-Free Living
- Dining Experiences
- Activities
- Wellness and Fitness
- Clubs and Groups
- Social Aspect
- Professional Support
- Volunteering

Power of Attorney Information

Persons to be contacted in case of emergency or death

1. Name _____ Relation _____

Street _____ City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

Email address _____

Preferred contact method (check all that apply): Mail Phone 1 Phone 2 Email Text

2. Name _____ Relation _____

Street _____ City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

Email address _____

Preferred contact method (check all that apply): Mail Phone 1 Phone 2 Email Text

Emergency Contact Information

Persons to be contacted in case of emergency or death

1. Name _____ Relation _____

Street _____ City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

Email address _____

Preferred contact method (check all that apply): Mail Phone 1 Phone 2 Email Text

2. Name _____ Relation _____

Street _____ City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

Email address _____

Preferred contact method (check all that apply): Mail Phone 1 Phone 2 Email Text

Why did you choose Brethren Village? (check all that apply):

Secure Campus Continuum of Care Aging in Place Location Amenities Cost

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 married, do you have a prenuptial agreement? Yes No

Have you gifted any property, real estate 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
Residence					Social Security (net)		
Investments (non-IRA)				→	Distribution from asset on left		
IRA's				→	Distribution from asset on left		
Trusts <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable				→	Distribution from asset on left		
Annuities <input type="checkbox"/> Income generating <input type="checkbox"/> Asset based				→	Distribution from asset on left		
Real Estate (Other)					Pension		
Address							
Checking/Savings/CD's					Amount if pension transfers to spouse		
Other (describe)					Other (describe)		
Total Assets/Investments					Monthly Income		
Liabilities					Long Term Care Insurance Attach Benefit Page		
Mortgage/Line of Credit					Company Name/Policy #		
Other (describe)					Current Daily Benefit		
Total Liabilities					Maximum Benefit (Mths./\$)		
					Annual Premium		

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

No supporting documentation needed at this time. You will be asked to provide additional support at time of admissions.

(Support includes; financial information and medical records)

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