

APPLICATION FOR ADMISSION

PLEASE PRINT

For which area of Moravian Manor are you applying? [ ] Residential [ ] Assisted Living [ ] Healthcare

Name \_\_\_\_\_

Current Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_

Present Marital Status: [ ] Single [ ] Married [ ] Widowed [ ] Divorced [ ] Separated

Spouse's Name \_\_\_\_\_

RESPONSIBLE PARTY INFORMATION

Name, Address and Telephone (Home and Work) of Responsible Party. Please show specific relationship.

(Person designated to manage your personal affairs.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Does the Responsible Party hold Power of Attorney? [ ] Yes [ ] No

If not, who has Power of Attorney?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Type of Power of Attorney: [ ] General [ ] Healthcare [ ] Durable

Living Will: [ ] Yes [ ] No

Reserve Responsible Party:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

FAMILY PHYSICIAN

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

EMERGENCY CONTACTS

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

EMERGENCY CONTACTS (continued)

3. Name Relationship
Address
City State Zip
Home Phone Work Phone
Cell Phone E-mail

INSURANCE INFORMATION

Medicare Number Social Security Number
Supplemental Insurance (Company Name)
Group/Policy Number
Long Term Care Insurance: Yes No Name of Company
Amount Benefit Term
Other Insurance Information

MISCELLANEOUS

Name/Address where Religious Membership is held Religion
Clergy Name Telephone
Executor of Estate Relationship
Address Telephone
Attorney Telephone
Address
Mortician Telephone
Address

SOCIAL HISTORY

Occupation Veteran? Yes No
Primary Language Spoken Hobbies/Interests
Present Location: Hospital Home Other
Present Location Address: Phone
Social Worker
If at home, has there been a hospital admission within the last 30 days? Yes No
Has there been another skilled nursing facility admission in the last 60 days? Yes No
If yes, where?
Have you ever been convicted of a crime? Yes No
If yes, please explain and describe conviction.

RELEASE

Moravian Manor has my permission to contact
any person listed here for the purpose of
determining the accuracy of this information
(please initial)

Application Completed by:

Name (please print)

FOR OFFICE USE ONLY

Processing fee received: Date

\* Applicant's Signature

\* Responsible Party's Signature

\* Reserve Responsible Party's Signature

Date

\*Must be signed

# FINANCIAL INFORMATION

*All information on this form is totally confidential.*

## INCOME

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last Name First Name Middle Name

Please complete all blanks. If there is no answer, mark 0 (zero).

	<b>Amount</b>		<b>Total Yearly</b>	<b>Year Income Expires</b>
<i>(if applicable)</i>				
Social Security	\$ _____	per month	\$ _____	_____
Pension	\$ _____	per month	\$ _____	_____
Annuity	\$ _____	per month	\$ _____	_____
Trust	\$ _____	per month	\$ _____	_____
Rental	\$ _____	per month	\$ _____	_____
Dividends	\$ _____	per quarter	\$ _____	_____
Interest earnings			\$ _____	_____
Bonds			\$ _____	_____
Other sources <i>(please describe)</i>				
_____	\$ _____	per _____	\$ _____	_____
_____	\$ _____	per _____	\$ _____	_____

TOTAL ANNUAL INCOME \$ \_\_\_\_\_

## ASSETS

Please note if any of the following assets, real estate and/or insurance, are held jointly – and if so, with whom. A separate sheet may be used if necessary.

<b>Checking Accounts:</b>	<b>Current Balance</b>
1. Bank _____	\$ _____
2. Bank _____	\$ _____

<b>Savings Accounts:</b>	
1. Bank _____	\$ _____
2. Bank _____	\$ _____



*(continued on back of page)*

**ASSETS** *(Separate sheet may be used. Please indicate number of shares held and current value)*

Stocks and Bonds \_\_\_\_\_

\_\_\_\_\_

Mutual Funds \_\_\_\_\_

\_\_\_\_\_

Certificates of Deposit \_\_\_\_\_

\_\_\_\_\_

**REAL ESTATE** *(in applicant's name)*

Type	Location	Current Value
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1. \_\_\_\_\_

2. \_\_\_\_\_

**LIFE INSURANCE POLICIES** *(on applicant's life, or owned by applicant)*

Company	Policy No.	Face Value	Cash Value
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**LIABILITIES**

Any debts, mortgages, obligations, etc., affecting the income or assets:

\_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

I affirm the foregoing is a true and complete statement of facts known to me and is submitted as part of an application for residence at Moravian Manor. I do not intend to give away any of these assets. Should there be a change in this intention, the Admissions Committee of Moravian Manor will be notified.

\* Signature \_\_\_\_\_ Date \_\_\_\_\_

If prepared by person other than applicant, show name, address, and telephone number below.

\_\_\_\_\_

\* *Must be signed*

