WESLEY ENHANCED LIVING®

Pennypack Park ☐

Doylestown ☐

Stapeley ☐

Please indicate the facility to which you are applying.

1. Name_____ Telephone No._____

   Present Address_____ Zip Code_____

2. Date of Birth_____ Birthplace_____ Social Security No._____

   United States Citizen? _____ YES _____ NO

3. Name of Spouse_____ Social Security No._____

   If deceased, give date of death_____

4. Your usual occupation: _____

5. Military Service (which war & dates of service, if known)

   _____

6. List children and near relatives living:

Name	Relation	Address	Zip Code	Tel. No. Home/Work

7. Do you have a disabled adult for whom you are caring? _____

8. Have you ever been a patient in a Nursing Home? _____

9. Have you ever had a psychiatric inpatient hospitalization? _____ YES _____ NO

   Dates: _____

10. Have you ever had electroconvulsive therapy? ____YES ____ NO Dates: _____

11. Your physician's name and address _____

    _____

Financial Statement

The Following information on your income and assets is essential to assist the Admissions Committee in working with you to arrive at a mutually satisfactory financial arrangement. Please list all assets; giving description and approximate value (attach a separate sheet if necessary). This should include cash, deposits, savings, stocks, bonds, real estate, and life insurance. **Attach all account statements to this application.**

10. Location of Real Estate you own and approximate value_____
_____

a.) Is this property co-owned? _____ YES _____ NO
b.) Name of co-owner(s) _____

11. List Banks/ Savings & Loan Accounts you have:

Bank_____ Account No._____ Amount_____
Bank_____ Account No._____ Amount_____
Bank_____ Account No._____ Amount_____

12. Do you own any stocks_____ Bonds_____ List below:

Name of Company No. of Shares Approx. Value

_____
_____
_____

13. Your monthly Social Security Income_____

14. Your monthly Pension Income $_____ Source/Company Name_____

15. Do you have any monthly expenses? _____ YES _____ NO
Mortgage (reverse mortgage) _____
Credit card debt_____
Real Estate Taxes_____

16. Do you have a Living Trust? _____ YES _____ NO **Annuity?** _____ YES _____ NO
Name of Trust Manager: _____
Trust Name: _____

17. Any other income $_____ Source_____

18. ***Have you transferred (gifted) any money, stocks, bonds, mortgages, real or personal property within the past five years?** _____ YES _____ NO

Date: _____ Value_____ To whom: _____
Date: _____ Value_____ To whom: _____
Date: _____ Value_____ To whom: _____

A COPY OF ALL INSURANCE CARDS IS REQUIRED (FRONT & BACK)

18. Medicare Number_____ Part A_____ Part B_____

19. Primary Health Insurance _____ ID #_____ Group #_____

20. Secondary Health Insurance_____ID #_____ Group #_____

21. Prescription Plan _____ ID #_____

22. Long Term Care Insurance Company Name_____ Policy #_____

    Claim Filing Address_____

23. Do you have Life Insurance? _____ YES _____ NO

    Name of Company_____ Amount_____

    Name of Company_____ Amount_____

24. Do you have a Medical Living Will? _____ YES _____ NO

25. Have you designated anyone as your Durable Power of Attorney? _____ YES _____ NO

    If so, give their name, address, and phone number_____

    _____

26. Do you have an Irrevocable Burial Fund? _____ YES _____ NO

27. Please list your Funeral Home:

    Name_____

    Address_____ Phone Number_____

Do you have pre-paid burial arrangements that are not designated "Irrevocable"? ____ Yes ____ No

28. If you owe any debts, to whom and how much? _____

    _____

29. Are you obligated (co-sign) for any "mortgages"? _____ YES _____ NO

    If so, please list_____

Additional Admission Information

Wesley Enhanced Living is open to persons without regard to race, religion, or national origin. Each applicant shall be considered on his/her own merits. Applicants must be at least 65 years of age.

This applicant does not obligate the applicant, nor does it guarantee entrance to Wesley Enhanced Living. Upon its acceptance, it simply places the applicant on a "Waiting List". A formal agreement is required upon admission.

This Document is of a confidential nature and will be used only by the Admission staff of Wesley Enhanced Living. The information contained herein will be kept in strictest confidence. Please keep the Admission staff informed as to significant changes in data contained herein.

Funeral arrangements are responsibility of the resident, and the payment of all expenses relating thereto.

Payment for all services is due upon receipt of your monthly Long Term Care Insurance and co-insurance statement. Reimbursement is the responsibility of the patient and/or responsible person. Wesley Enhanced Living will assist with claim filing.

I make this application for membership into Wesley Enhanced Living of my own free will and accord.

If my resources become insufficient to meet the cost of care, I will be willing to accept any local, state, or federal assistance available when I become eligible and help make an application for such aid.

I declare the answers to the foregoing questions to be true, full and complete and agree to the terms described within.

Resident's Signature:_____ Date:_____

Power of Attorney: _____ Date: _____

Responsible Person: _____ Date: _____