

# Wesley Enhanced Living Doylestown

## New Resident Application

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

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

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Married  Single  Widow(er) Date of Death \_\_\_\_\_  Divorced

Name of Spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_

List the names, addresses, and phone numbers for all children and/or relatives for emergency contact. Use additional paper if necessary

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

Address (incl. state/zip code) \_\_\_\_\_

Phone #'s - home, cell, business \_\_\_\_\_

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

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

Address (incl. state/zip code) \_\_\_\_\_

Phone #'s - home, cell, business \_\_\_\_\_

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

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

Address (incl. state/zip code) \_\_\_\_\_

Phone #'s - home, cell, business \_\_\_\_\_

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

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

Address (incl. state/zip code) \_\_\_\_\_

Phone #'s - home, cell, business \_\_\_\_\_

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

Type of accommodations preferred (if there is more than one, place a number 1 by your first choice, 2 by your second):

Studio  1 BR  2 BR  2 BR Corner or Deluxe

Preferred Date of Occupancy \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Military Service (Your or Your Spouse) \_\_\_\_\_ Branch \_\_\_\_\_ Dates \_\_\_\_\_

Hobbies/Special Interests \_\_\_\_\_

Community/Fraternal Groups \_\_\_\_\_

Where have you lived most of your life? \_\_\_\_\_

Your usual occupation \_\_\_\_\_

How did you hear about Wesley Enhanced Living  Newspaper  Direct Mail  Website  TV

Referred By \_\_\_\_\_ Other \_\_\_\_\_

The following information regarding your income and assets is essential to assist Wesley Enhanced Living in working with you to assure that you are an appropriate financial fit for our community. Please list all assets, giving description and approximate value of each (attached separate sheet if necessary).

**The information contained herein will be kept confidential.**

Address of owned real estate \_\_\_\_\_ Approximate value \$ \_\_\_\_\_

	Monthly	Annual
Social Security Income	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Trust/Annuity/Other Income	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

List banks, S&L accounts, money market, savings and checking accounts, bonds, etc. Please provide a current statement for each account from the financial institution that maintains each account.

Bank	Account Number	Account Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total Value	\$ _____

If you own any stocks or bonds, please list below:

Name of Company	Number of Shares	Current Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total Value	\$ _____

Please list names, addresses, phone numbers, and e-mails of Power-of-Arrow and Executor:

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If you have transferred any money, stocks, bonds, mortgages, real estate, or personal property within the past five years, please list and explain:

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If you have any debts please list to whom and for how much:

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***Please keep administration informed as to significant changes in data contained herein such as names of individuals listed, financial matters, etc.***

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Name of Current Physician \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

A medical form, to be completed by your current physician, is an essential part of the admissions process. Once accepted for residency, you will be required to chose a local physician if you do not already have one.

Please list any medications you are currently taking (use separate sheet if necessary):

Medication Name	Dosage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any drug allergies:

Medication Name	Reaction
_____	_____
_____	_____
_____	_____

Type of residence you are seeking:     Independent Living     Personal Care

Have you ever been a patient in a:     Nursing Home     Mental Health Facility

Do you have Medicare?     Yes     No    Part A or B \_\_\_\_\_ Medicare # \_\_\_\_\_

Please list and additional insurance information and policy numbers:

Blue Cross/Blue Shield \_\_\_\_\_

Keystone 65 \_\_\_\_\_

Other \_\_\_\_\_

Do you have a license to drive a car?     Yes     No    Will you bring a car?     Yes     No

Wesley Enhanced Living is open to persons without regard to race, religion, or national origin. Each applicant is considered on his or her own merits. Applicants must be at least 65 years in age. In applications from husband and wife, either one must be at least 65 years of age.

I make this application for residency\* at Wesley Enhanced Living of my own free will and accord, and I declare the answers to the foregoing questions to be true, full, and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

*\*To reserve the accommodations of your choice, a \$1,000 refundable deposit is required. This deposit will be applied to your entry fee. The community application fee is \$200, non-refundable. Please make check payable to Wesley Enhanced Living*

This application does not obligate the applicant, nor does it guarantee entrance to Wesley Enhanced Living. Upon acceptance, it places the applicant on the prospective residency list. Formal agreement is required upon admission.



**200 Veterans Lane • Doylestown, PA 18901**

phone 267-895-1100 \* fax 215-345-4927

www.WEL.org