

Wesley Enhanced Living Pennypack Park

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):

1 BR 2 BR 2 BR Corner 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-Attorney and Executor:

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

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

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

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 choose 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.



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