



Please indicate the facility to which you are applying.

**Pennypack Park**

**Doylestown**

**Stapeley**

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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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
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_____	_____	_____
_____	_____	_____

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 # \_\_\_\_\_

**Premium:** \_\_\_\_\_ **Does the premium come out of the pension?** \_\_\_\_\_

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:** \_\_\_\_\_