CHRIST THE KING MANOR

Application for Admission

I am interested in:

☐ Cottages ☐ Personal Care ☐ Skilled Nursing Care ☐ Memory Care
☐ Apartments ☐ Alzheimer's ☐ Rehabilitative Services ☐ Respite Care

PERSONAL INFORMATION

Name: _____

Title: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____

Email: _____ Phone: _____

SSN: _____ Medicare No.: _____

Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed ☐Other: _____

If applicable, spouse/partner name: _____

Current Physician: _____ Phone: _____

Physician Address: _____

Hospital Preference: _____

Funeral Home Preference: _____

Funeral Home Address: _____

Attorney: _____ Phone: _____

Attorney Address: _____

Do you have a Living Will?* ☐Yes ☐No
Do you have a Durable Power of Attorney (DPOA)?* ☐Yes ☐No

**If yes, please provide copies of documentation. DPOA contact information may be provided on page 2.*

VETERAN INFORMATION

Are you a veteran of the armed services? ☐Yes ☐No

If yes: Branch: _____ Serial No.: _____

Is/was your spouse/partner a veteran of the armed services? ☐Yes ☐No

If yes: Branch: _____ Serial No.: _____

EMERGENCY CONTACT(S)

1. _____ Check if Durable Power of Attorney for: ☐ Healthcare ☐ Finances
Name

_____ _____ _____
Relationship *Email* *Phone*

_____
Street Address *City* *State* *ZIP*

2. _____ Check if Durable Power of Attorney for: ☐ Healthcare ☐ Finances
Name

_____ _____ _____
Relationship *Email* *Phone*

_____
Street Address *City* *State* *ZIP*

3. _____ Check if Durable Power of Attorney for: ☐ Healthcare ☐ Finances
Name

_____ _____ _____
Relationship *Email* *Phone*

_____
Street Address *City* *State* *ZIP*

LIFE INSURANCE

Company:_____ Policy No.: _____

Face Value:_____ Cash Surrender:_____

Company:_____ Policy No.: _____

Face Value:_____ Cash Surrender:_____

HEALTH INSURANCE & LONG TERM CARE NURSING HOME INSURANCE

Medicare or Managed Care Plan *(SecurityBlue, Aetna, United Healthcare, etc.)*

_____

Agreement No.:_____ Group No.:_____

Other: _____

Agreement No.:_____ Group No.:_____

Do you have an irrevocable burial account? ☐ Yes ☐ No

FINANCIAL INFORMATION

MONTHLY INCOME

Social Security: _____ Other: _____

Pension: _____

VA Pension: _____ *** _____

(Total Monthly Income)

CHECKING ACCOUNTS

1. _____ _____ _____
Bank/Institution *Joint With* *Balance*

2. _____ _____ _____
Bank/Institution *Joint With* *Balance*

SAVINGS ACCOUNTS/CERTIFICATES OF DEPOSIT

1. _____ _____ _____
Bank/Institution *Joint With* *Balance*

2. _____ _____ _____
Bank/Institution *Joint With* *Balance*

REAL ESTATE

Do you own your own home? ☐Yes ☐No Mortgage Balance: _____

Joint With: _____ Market Value: _____

Other Real Estate: _____ Joint With: _____ Market Value: _____

STOCKS & BONDS

Company: _____ # of Shares: _____ Value: _____

Company: _____ # of Shares: _____ Value: _____

Please continue list on an additional document if needed.

By signing this document I affirm that to the best of my knowledge all of the information provided in this application is complete, accurate and true.

Signature of Applicant/Responsible Party: _____

Relationship to Applicant: _____ Date: _____

1100 W. Long Ave.
DuBois, PA 15801

CHRIST THE KING MANOR

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