

333 Wheat Ridge Drive  
 Ephrata, PA 17522-8558  
 Phone: 717.354.1800  
 Fax: 717.354.6665  
 www.FairmountHomes.org



# Fairmount

*Dedicated to Faith, Family & Community*

## ~APPLICATION FOR RESIDENCY~

Office Use Only:	
Received:	_____
Preliminary Approval:	_____
Date:	_____

**ACCOMMODATIONS DESIRED** (Check all that apply.)

<u>Residential Living</u>	<u>Residential Suites</u>	<u>Personal Care</u>	<u>Health Care</u>	<u>Rehabilitation</u>
Apartment 1 BR <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skilled Care <input type="checkbox"/>	Private <input type="checkbox"/>
Apartment 2 BR <input type="checkbox"/>				Semi-Private <input type="checkbox"/>
Cottage 1 BR <input type="checkbox"/>				
Cottage 2 BR <input type="checkbox"/>				

**PERSONAL DATA**

Name of applicant \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address (street/city/state/zip) \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Marital Status: never married \_\_ married \_\_ widowed \_\_ divorced \_\_

Place of birth: Township \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Spouse's Name \_\_\_\_\_ If deceased, date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Power of Attorney \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address (street/city/state/zip) \_\_\_\_\_ Relationship \_\_\_\_\_

Current Physician \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Persons (spouse, children or friends) to be contacted if unable to get in touch with applicant:

Name	Relationship	Address	Telephone/Contact Info
		Street _____ _____ City _____ State _____ Zip _____	Home: _____ Work: _____ Mobile: _____ Email: _____
		Street _____ _____ City _____ State _____ Zip _____	Home: _____ Work: _____ Mobile: _____ Email: _____
		Street _____ _____ City _____ State _____ Zip _____	Home: _____ Work: _____ Mobile: _____ Email: _____

**INSURANCE INFORMATION** (At admission, cards must be presented for verification and copying.)

Social Security No. \_\_\_\_\_

Do you have a PACE card? Yes \_\_\_\_\_ No \_\_\_\_\_

Medicare No. \_\_\_\_\_ Medicare: Part A (hospital) \_\_\_\_\_ Part B (medical) \_\_\_\_\_

Medicare Supplement: Name \_\_\_\_\_ # \_\_\_\_\_

Insurance through previous employer: Company \_\_\_\_\_ Group # \_\_\_\_\_

Medicare Advantage/PPO: Name \_\_\_\_\_ # \_\_\_\_\_

Name of Medicare Part D plan or other pharmacy plan \_\_\_\_\_

Long-term care insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Company \_\_\_\_\_

(Please include a copy of the explanation sheet for your long-term care insurance policy.)

**PERSONAL HISTORY**

Lifetime occupation \_\_\_\_\_

Military Veteran: No \_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_

How did you hear about Fairmount Homes? (Please circle the **one** that most accurately answers the question.)

Church      Community Events      Family      Home Health Agency      Hospital      Internet Search

Live locally      Physician      Publications      Other (please specify) \_\_\_\_\_

Why did you choose Fairmount Homes? (Please circle the **one** that was most influential in your choice.)

Availability      Church Home      Modest Lifestyle      Family (is/was) here      Friends here      Location

Reputation      Value (\$)      Hospital recommendation      Other (please specify) \_\_\_\_\_

**OPTIONAL INFORMATION**

Religious Affiliation \_\_\_\_\_ Specific Congregation \_\_\_\_\_

Clergy \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

**MISCELLANEOUS FINANCIAL INFORMATION**

Life Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Cash Value \$ \_\_\_\_\_ Pre-paid burial reserve? Yes \_\_\_\_\_ No \_\_\_\_\_

Funeral Home of choice \_\_\_\_\_

If Funeral Home is outside of Lancaster County, please provide:

Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

**FINANCIAL STATEMENT** (All questions must be answered to process application.)

Have you (or your spouse, if married) transferred any assets, including real estate, to someone other than your spouse for less than full market value within the past five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you (or your spouse, if married) established a trust, or transferred any assets to a trust within the past five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes to either question, please use a separate sheet of paper to describe any transactions valued at more than \$5,000.00. This information is being requested because such transactions can interfere with and delay eligibility for Medicaid.

<b>Assets:</b>		<b>Monthly Income:</b>	
Savings & Checking Account	\$ _____	Social Security	\$ _____
Certificates of Deposit	\$ _____	Pensions	\$ _____
Savings Bonds	\$ _____	Annuities	\$ _____
Mutual Funds	\$ _____	Interest/Dividends	\$ _____
Stocks & Bonds	\$ _____	IRA	\$ _____
IRA - 403(b) – 401(k)	\$ _____	Rental Income	\$ _____
Trust Fund	\$ _____	Other	\$ _____
Annuities	\$ _____	<b>TOTAL</b>	\$ _____
Motor Vehicles	\$ _____	<b>Liabilities:</b>	
Other Vehicles	\$ _____	Monthly Rent	\$ _____
Value of Business	\$ _____	Notes Payable	\$ _____
Loans to Others	\$ _____	Credit Card Debt	\$ _____
Other	\$ _____	Other debt (specify)	\$ _____
<b>TOTAL</b>	\$ _____	<b>TOTAL</b>	\$ _____

**Description of Real Estate**

Property & Location	Date Acquired (Approx.)	Purchase Price (Approx.)	Mortgage Remaining	Fair Market Value
1.		\$	\$	\$
2.		\$	\$	\$

***I own the above assets and they are available for payment of services I may receive at Fairmount Homes.***

Fairmount Homes Retirement Community is a private non-profit organization whose policy is to serve all residents without regard to race, color, national origin, ancestry, age, sex, religious creed, handicap or disability.

I understand that this application is not binding on Fairmount Homes or me. It simply expresses my interest in becoming a resident and a desire for my name to be placed on file. All information is held in strict confidence.

To the best of my knowledge and belief the information in this application is true and correct. Although the application is not otherwise binding, I understand and agree that any misrepresentation or significant omission or misstatement of fact, including financial information may be considered grounds for refusal of residency or for dismissal (after admission) from Fairmount Homes. In making this application for residency I hereby declare that I have read and am familiar with the attached Fairmount Homes "Pre-admission Information Sheet," and agree to accept the said regulations and do make this application without reserve.

I understand that Fairmount Homes may request proof of financial status and periodic updated financial information. All applications are reviewed when admission is pending and updates will be required at that time. Applicants must meet the financial criteria in effect at the time a residence is available for occupancy.

I certify the above information to be true and correct and authorize Fairmount Homes to research any information for verification.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of person completing application, if other than applicant \_\_\_\_\_

**To determine eligibility of insurance benefits and for regulatory compliance, complete the following:**

**Hospitalization Record:**

Were you hospitalized in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Complete the following for any hospitalizations within the last year **or** for the two most recent hospitalizations.

Hospital	Inpatient/ Outpatient	Dates of Hospitalization	Reason
1.			
2.			

Details on any other significant hospitalizations or surgeries:

\_\_\_\_\_

\_\_\_\_\_

**Hospital of choice for future hospitalizations:** \_\_\_\_\_

**Mental Health History:**

Have you ever received any mental health services? Yes \_\_\_\_\_ No \_\_\_\_\_

Give details on any previous services/treatment:

Provider	Year	Inpatient/Outpatient	Services/Treatment
1.			
2.			

**Previous Admission to a Nursing or Other Care Facility:**

Have you had any previous admission(s) to a nursing or other care facility? Yes \_\_\_\_\_ No \_\_\_\_\_

Give details on any previous treatment:

Which facility	Dates of Stay	Reason for Admission	Therapies Received
1.			
2.			

**Therapies/Home Health Services:**

Please describe any in-home services you have used in the past year such as Occupational, Physical and/or Speech Therapy, Home Health Services, etc.

Provider	Dates of Service	Reason	Therapy or Services Received
1.			
2.			



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## PRE-ADMISSION INFORMATION SHEET

*(Please remove from application and keep with your records.)*

### **Our Mission:**

“Fairmount Homes is a ministry with mature adults, providing high quality services, promoting wholeness and creative living options consistent with Christ-centered Mennonite values.”

### **Core Values:**

Community ~ Compassion ~ Dignity ~ Integrity ~ Quality ~ Teamwork ~ Trust

## **GENERAL INFORMATION**

**Daily Rates:** Daily residents’ rates are determined by the type of care required at the time of admission and the doctors’ orders. Rates may be adjusted at any time depending on the resident’s physical and/or mental condition and the resulting required change in level of care.

**Room Furnishings:** All rooms are fully furnished in the Wheat Ridge Health Care and Personal Care areas. However, residents are encouraged to bring a favorite personal chair with them upon residency. Farm Crest residents are expected to furnish their own rooms. Tape or disk players and/or radios are permitted. Certain musical instruments may be brought with permission from Administration. Space is available for the storage of a chest or wardrobe, if desired. Residents may bring additional personal belongings as space permits with the emphasis placed on safety and neatness of living space. Television is permitted on the Farm Crest campus only, but not in the common areas. Cable connection is available at Farm Crest at the resident’s own expense.

**Clothing:** Residents bring their own personal clothing with them when they move to Fairmount. Fairmount’s dress code is as follows:

- **Wheat Ridge:** In accordance with Fairmount’s policy, female residents wear dresses or skirts of modest length and refrain from wearing slacks, or pantsuits. It is considered an exception when a symptom of an underlying medical condition warrants slacks or pantsuits. Tank tops, shorts or sleeveless apparel are not considered appropriate.
- **Farm Crest:** In keeping with Fairmount’s tradition, we would request that residents dress modestly. Dresses, skirts and slacks are suggested for all meals.

**Tobacco and Alcohol:** The use of tobacco, alcohol or narcotics in any form is strictly forbidden, except for medical reasons.

**Valuables:** Fairmount Homes and its staff cannot be held responsible for any valuables (money, jewelry, watches, etc.) left in residents’ rooms. Such items should be left with a family member or placed in the Administrative Office safe for security.

**Persons making application to Fairmount must agree to the following terms and conditions:**

1. I agree that upon residency at Fairmount, I will be subject to all rules and regulations with respect to Fairmount as formulated either by the Administration of Fairmount or by the Board of Directors. As a Fairmount resident, I agree that disregard for such rules and regulations shall be considered a basis for my dismissal.
2. I understand that the daily rate includes room, board, and care as stated on the current rate sheet. I further understand that at times, additional charges may incur due to special care needs above and beyond those considered normal. All rates are subject to change by decision of the Board of Directors of Fairmount.
3. In accordance with Fairmount's regulations, I agree to present any required statements and reports from my personal physician regarding my physical condition on the forms provided by Fairmount prior to admission.
4. Resident and the Responsible Person agree that they will exercise their authority with respect to Resident's assets and financial resources in such a manner as to insure that those assets (except incidental expenditures) are used solely for the benefit, care, and maintenance of Resident as long as this agreement remains in effect.
5. **All financial information provided to Fairmount Homes and governmental authorities has been true and correct. Fairmount may request periodic updates on financial information and may require documentation of assets indicated on the financial statements.**