

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*

Office Use Only:

Received: \_\_\_\_\_

Preliminary Approval: \_\_\_\_\_

Date: \_\_\_\_\_

## ~APPLICATION FOR RESIDENCY~

### 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 \_\_\_\_\_ Group # \_\_\_\_\_

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

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

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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## **Residential Living Pre-Admission Information Sheet**

*(Please remove this sheet from application and keep for 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

### **Dress Code:**

In keeping with Fairmount’s tradition, we would request that residents dress modestly.

### **Tobacco and Alcohol:**

The use of alcohol or narcotics in any form is prohibited on campus except for medical reasons. The use of tobacco is not permitted in any Fairmount building. Tobacco is not permitted on any part of campus except in residents’ private vehicles.

### **Criminal Background Check:**

Fairmount conducts a Criminal Background check on all applicants prior to an offer of an accommodation in our cottage and apartment community.

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

1. I agree that upon admission to Fairmount, I will be subject to all rules and regulations with respect to Fairmount as formulated either by the Fairmount Administration or by the Board of Directors and/or as outlined in the Resident Agreement, Handbook or in any other written communication from Fairmount Homes. As a resident of Fairmount, I agree that disregard for such rules and regulations shall be considered a basis for my dismissal.
2. I understand that the monthly fee and the services for a cottage or apartment will be outlined in the current rate sheets for the accommodation. I further understand that, at times, additional charges may incur due to special needs above and beyond those considered normal. All rates are subject to change by decision of the Fairmount Board of Directors at any time.
3. Modification to cottages or apartments must be agreed to by both Fairmount and the resident. Cost of approved modifications will be agreed to and signed for by the resident and full payment must be received before work will begin.
4. In accordance with Fairmount’s regulations, I agree to present copies of my Power of Attorney, Living Will, Insurance Cards, Driver’s License and any other documents as required, at the time of, or prior to admission.
5. Resident (and anyone acting on Resident’s behalf) will not intentionally or unnecessarily dissipate Resident’s resources, or use them for other than Resident’s needs.
6. **All financial information provided to Fairmount Homes and governmental authorities is true and correct. Fairmount will request periodic updates on financial information and may require documentation of assets indicated on the financial statements.**