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.)

Residential Living		Residential Suites	Personal Care	Health Care	Rehabilitation
Apartment	1 BR ☐	☐	☐	Skilled Care ☐	Private ☐
Apartment	2 BR ☐				Semi-Private ☐
Cottage	1 BR ☐				
Cottage	2 BR ☐				

PERSONAL DATA

Name of applicant _____ Telephone (_____)_____Email _____

Address (street/city/state/zip) _____

Date of birth _____/_____/_____ Age_____ Marital Status: 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	Primary: _____ Secondary: _____ Email: _____
		Street _____ _____ City _____ State _____ Zip	Primary: _____ Secondary: _____ Email: _____
		Street _____ _____ City _____ State _____ Zip	Primary: _____ Secondary: _____ 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 declaration page for your long-term care insurance policy.)

PERSONAL HISTORY

Lifetime occupation _____

Military Veteran: No _____ Self _____ Spouse _____

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

Church Community Events Family Home Health Agency Hospital Internet Search

Live locally Physician Publications Social Media Other (please specify) _____

Why did you choose Fairmount? (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.

Assets:

Savings & Checking Account	$ _____
Certificates of Deposit	$ _____
Savings Bonds	$ _____
Mutual Funds	$ _____
Stocks & Bonds	$ _____
IRA - 403(b) – 401(k)	$ _____
Trust Fund	$ _____
Annuities	$ _____
Motor Vehicles	$ _____
Other Vehicles	$ _____
Value of Business	$ _____
Loans to Others	$ _____
Other	$ _____
TOTAL	$ _____

Monthly Income:

Social Security	$ _____
Pensions	$ _____
Annuities	$ _____
Interest/Dividends	$ _____
IRA	$ _____
Rental Income	$ _____
Other	$ _____
TOTAL	$ _____

Liabilities:

Monthly Rent	$ _____
Notes Payable	$ _____
Credit Card Debt	$ _____
Other debt (specify)	$ _____
_____	
TOTAL	$ _____

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.

Fairmount 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 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. In making this application for residency I hereby declare that I have read and am familiar with the attached Fairmount "Pre-admission Information Sheet," and agree to accept the said regulations and do make this application without reserve.

I understand that Fairmount 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 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:
"Founded on Christ's love and Mennonite values, we strive to enrich the lives of those we serve."

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 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. 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 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.**