



No Application Fee!

Office use only: Received: \_\_\_\_\_

## Application for Residency

### APPLICANT #1

For which area of Fairmount are you applying? (You may check more than one.)

Residential Living

- Apartment 1 BR
- Apartment 2 BR
- Cottage 1 BR
- Cottage 2 BR

Personal Care

Health Care (Skilled Care)

Rehabilitation

- Private
- Semi-private

### PERSONAL DATA

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:  Single  Married  Widowed  Divorced

Military Veteran:  Yes  No Occupation (prior to retirement) \_\_\_\_\_

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

### APPLICANT #2 (IF APPLICABLE)

For which area of Fairmount are you applying? (You may check more than one.)

Residential Living

- Apartment 1 BR
- Apartment 2 BR
- Cottage 1 BR
- Cottage 2 BR

Personal Care

Health Care (Skilled Care)

Rehabilitation

- Private
- Semi-private

### PERSONAL DATA

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:  Single  Married  Widowed  Divorced

Military Veteran:  Yes  No Occupation (prior to retirement) \_\_\_\_\_

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

# APPLICANT #1

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

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

Medicare Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Supplemental Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

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

Medicare Part D or Pharmacy Plan \_\_\_\_\_ Group # \_\_\_\_\_

Long Term Care Insurance  Yes  No If yes, Company \_\_\_\_\_

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

Power of Attorney \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Type of Power of Attorney  General  Healthcare  Durable  Bank Living Will  Yes  No

# APPLICANT #2 (IF APPLICABLE)

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

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

Medicare Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Supplemental Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

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

Medicare Part D or Pharmacy Plan \_\_\_\_\_ Group # \_\_\_\_\_

Long Term Care Insurance  Yes  No If yes, Company \_\_\_\_\_

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

Power of Attorney \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Type of Power of Attorney  General  Healthcare  Durable  Bank Living Will  Yes  No

# OPTIONAL INFORMATION

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

Clergy \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

# APPLICANT #1 MEDICAL HISTORY

*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 RECORD

Have you ever received mental health services?     Yes     No

Give details on any previous services/treatment.

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

## NURSING HOME/CARE FACILITY RECORD

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

Give details on any previous treatment.

Facility	Dates of Stay	Reason for Admission	Therapies Received
1.			
2.			

## THERAPIES/HOME HEALTH SERVICES RECORD

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	Therapies or Services Received
1.			
2.			

## APPLICANT #2 MEDICAL HISTORY (IF APPLICABLE)

*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 RECORD

Have you ever received mental health services?     Yes     No

Give details on any previous services/treatment.

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

### NURSING HOME/CARE FACILITY RECORD

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

Give details on any previous treatment.

Facility	Dates of Stay	Reason for Admission	Therapies Received
1.			
2.			

### THERAPIES/HOME HEALTH SERVICES RECORD

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	Therapies or Services Received
1.			
2.			

# FINANCIAL STATEMENT (All questions must be answered to process the application)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Have you (or your spouse) ever transferred any assets, including real estate, to someone other than your spouse for less than full market value? Yes  No  If yes, attach a separate sheet of paper to describe any transaction valued at more than \$5,000.

Have you (or your spouse) ever established a trust, or transferred any assets to a trust? Yes  No  If yes, a copy of the trust is required to determine financial eligibility.

This information is requested because such transactions can interfere with and delay eligibility for Medicaid, both now and in the future.

ASSETS	Applicant #1	Applicant #2	MONTHLY INCOME	Applicant #1	Applicant #2
Checking Account	\$		Social Security	\$	
Savings Account	\$		Pensions	\$	
Certificates of Deposit	\$		Annuities	\$	
Mutual Funds	\$		Interest/Dividends	\$	
Stocks & Bonds	\$		IRA/Bonds	\$	
IRA - 403(b) - 401(k)	\$		Rental Income	\$	
Trust Fund	\$		Other: _____	\$	
Annuities	\$		<b>TOTAL MONTHLY</b>	\$	
Value of Business	\$		<b>LIABILITIES</b>		
Loans to Others	\$		Monthly Rent	\$	
Other: _____	\$		Notes Payable	\$	
<b>TOTAL ASSETS</b>	\$		Credit Card Debt	\$	
			Other: _____	\$	
			<b>TOTAL LIABILITIES</b>	\$	

DESCRIPTION OF REAL ESTATE				
Property and Location	Date Acquired (Approx.)	Purchase Price (Approx.)	Mortgage Remaining	Fair Market Value
1.				
2.				

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

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 Fairmount will keep my information in strict confidence and will only use the information for necessary purposes, such as conducting criminal background checks as part of the standard admission process. 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 place 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 #1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant #2 (If applicable) \_\_\_\_\_ Date \_\_\_\_\_

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

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## OTHER INFORMATION

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

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Church               | <input type="checkbox"/> Home Health Agency                | <input type="checkbox"/> Live Locally |
| <input type="checkbox"/> Community Events     | <input type="checkbox"/> Hospital/Physician Recommendation | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Family (is/was) Here | <input type="checkbox"/> Internet Search                   | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Friends Here         | <input type="checkbox"/> Other (Please specify.) _____     |                                       |

What is your desired time frame for moving into Fairmount?

\_\_\_\_\_  
\_\_\_\_\_

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



Rev. 3-26-2026



# Fairmount

333 Wheat Ridge Drive ♦ Ephrata, PA 17522-8558

Phone: 717.354.1800 ♦ Fax: 717.354.6665

[www.FairmountHomes.org](http://www.FairmountHomes.org)

*Dedicated to Faith, Family & Community*

## Residential Living Pre-Admission Information Sheet

(Please remove pages 7 and 8 from this 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

### **Statement of Faith:**

Since its founding in 1968, Fairmount Homes has maintained a steadfast commitment to its roots, grounded in a historical, Anabaptist position based on essential doctrines of the faith as expressed in this document. This statement of faith anchors our community, providing unity and clarity.

#### **GOD**

We believe in the almighty God, the eternal Spirit who is infinite in His attributes of holiness, love, righteousness, truth, power, goodness, and mercy. We worship the one holy and loving God who is Father, Son, and Holy Spirit, eternally. We believe that God has created all things, visible and invisible, and has brought salvation and new life to humanity through Jesus Christ.

#### **SCRIPTURE**

We believe that all Scripture is inspired by God through the Holy Spirit for instruction in salvation and training in righteousness. We accept the Scriptures as the Word of God and as the fully reliable and trustworthy standard for Christian faith and life. Where questions of scriptural applicability arise, our board of directors is the final interpreter of scriptural authority.

#### **DISCIPLESHIP AND THE CHRISTIAN LIFE**

We believe that Jesus Christ calls us to take up our cross and follow him. Through the gift of God's saving grace, we are empowered to be disciples of Jesus, filled with his Spirit, following his teachings and his path through suffering to new life. As by faith we walk in Christ's way, we are being transformed into his image. We become conformed to Christ, faithful to the will of God, and separated from the evil in the world.

#### **HUMANITY**

We believe God created humanity, male and female, reflecting the image and likeness of God. Each person's biological sex has been sovereignly appointed by God and is an irreversible aspect of his or her nature. We believe that God intends marriage to be a covenant between one man and one woman for life.

#### **CHRISTIAN STEWARDSHIP**

We believe that everything belongs to God, including our campus and our ministry, which calls us to live as faithful stewards of all that God has entrusted to us. As servants of God, our primary vocation is to be stewards in God's household. God, who in Christ has given us new life, has also given us spiritual gifts to use for nurture and mission. The message of reconciliation has been entrusted to every believer so that the gospel might be made known to the world.

## **PEACE, JUSTICE AND NONRESISTANCE**

We believe that peace is the will of God. God created the world in peace, and God's peace is most fully revealed in Jesus Christ, who is our peace and the peace of the whole world. Led by the Holy Spirit, we follow Christ in the way of peace, loving mercy, doing justice, bringing reconciliation, and practicing nonresistance even in the face of violence.

## **OUR GOSPEL MISSION**

We believe that we are called to share the gospel and live out our faith together according to the scriptures, even when the world disapproves of our beliefs.

## **OUR COMMITMENT**

This statement of faith serves as a foundational expression of Fairmount Homes' enduring commitment to historic Anabaptist convictions. Rooted in Scripture and centered on Christ, it offers clarity, unity, and direction for our community's life and witness. In an age of shifting values and beliefs, we affirm these timeless truths as the basis for our identity, our calling, and our hope.

### **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.**