



Faithful Living Community
2015 N. Reading Rd., Denver, PA 17517
(717) 336.5501 1 (800) 406.CARE
Fax: (717) 336.3229
www.Faithfuliving.com

Application Instructions for INDEPENDENT LIVING Residents

Please complete the following pages entitled:

- 1. Application for Admission to Colonial Lodge Community**
- 2. Financial Statement and Responsibility**
- 3. Independent Resident Information**

Application Instructions for PERSONAL CARE Residents

Please complete the following pages entitled:

- 1. Application for Admission to Colonial Lodge Community**
- 2. Financial Statement and Responsibility**
- 3. The 2-page document: Adult Residential Licensing - Documentation of Medical Evaluation (DME)**



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Application for Admission to Faithful Living Senior Community

Application is for: Independent Living Personal Care

Applicants Name: _____ Birth Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Numbers

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Gender: M F Eye Color _____ Hair Color _____

Are you a Veteran? Y N Marital Status: Single Married Divorced Wid-

owed

Spouse's Name: _____

Financially Responsible Party

Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Numbers:

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Insurance Information

Medicare # _____ Part A & B Effective Date _____

Social Security # _____ Supplemental Insurance _____

PACE # _____ PACE Effective Date: _____

Medicare Part D Info: _____

How did you learn about Faithful Living Senior Community? _____



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Financial Statement and Responsibility

Although the information below is an optional disclosure of personal finances, Faithful Living Senior Community does require a guarantee of monthly payments and other services provided for the resident.

Name of Resident: _____

Monthly Income:

Social Security: \$ _____ per month
Pension: \$ _____ per month
Dividends: \$ _____ per month
Interest/Annuities: \$ _____ per month
Rental/Mortgage Income: \$ _____ per month
Trust Income: \$ _____ per month
Other Income \$ _____ per month
Total Regular Monthly Income: \$ _____ per month

List of Capital Assets:

Cash (savings and checking): \$ _____
Stocks & Bonds: \$ _____
Home Equity: \$ _____
Other Real Estate: \$ _____
Automobile: \$ _____
Life Insurance: \$ _____
Total Assets: \$ _____

List of Liabilities:

Mortgage Payment: \$ _____ per month
Notes Payable/Endorsed: \$ _____ per month
Personal Debts: \$ _____ per month
Total Liabilities: \$ _____ per month

I guarantee that any financial obligations to Faithful Living will be met.

Signature: _____ Date: _____



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Independent Resident Information

Name of Resident: _____

Room #: _____

Birth Date: _____

Social Security #: _____

Phone #: _____

Hospital Preference: _____

Hospital Phone #: _____

Date of Admission: _____

Pertinent Medical Information: _____

Emergency Contact 1: _____

Relationship: _____

Phone # 1: _____

Phone # 2: _____

2nd Emergency Contact: _____

Relationship: _____

Phone # 1: _____

Phone # 2: _____

Signature: _____ Date: _____