

Application

Directions for completing the application:

Please complete all information below and return to:

Bethany Village, Attn: Admissions Director, 325 Wesley Drive, Mechanicsburg, PA 17055.

Completing this form does not obligate you to accept admission nor guarantee admission by Bethany Village.

Couples should submit a separate application for each person. **There is no application fee.**

I am applying for:

- Assisted Living
- Skilled Nursing

Please print:

Last Name _____

First Name _____ M.I. _____

Address _____

City _____

State _____ Zip Code _____

Telephone Number _____

Email _____

Personal Representative

(Person any bills will be sent to)

Last Name _____

First Name _____

Relationship _____

Address _____

City _____

State _____ Zip Code _____

Telephone Number (Home) _____

Telephone Number (Work) _____

Cell Phone Number _____

Email _____

Power of Attorney

Last Name _____

First Name _____

Relationship _____

Address _____

City _____

State _____ Zip Code _____

Telephone Number (Home) _____

Telephone Number (Work) _____

Cell Phone Number _____

Email _____

Notify in Case of Emergency

(Child, Relative, Friend, etc.)

Last Name _____

First Name _____

Relationship _____

Address _____

City _____

State _____ Zip Code _____

Telephone Number (Home) _____

Telephone Number (Work) _____

Cell Phone Number _____

Email _____

Alternate Contact _____



Personal Information

Date of Birth _____

Social Security Number _____

Marital Status _____

Gender Male Female

Spouse's Name _____

Physician

Name of Practice _____

Last Name _____

First Name _____

Address _____

City _____

State _____ Zip Code _____

Telephone Number _____

Fax Number _____

Insurance

(Please attach copies of all cards—front and back)

Medicare # _____ - _____ - _____

Medicare Effective Dates

A ____ / ____ / ____

B ____ / ____ / ____

Secondary Insurance or HMO:

Group Number _____

Contract ID Number _____

Other Insurance _____

Insurance Number _____

Medical Assistance # _____

Do you have a Living Will? Yes No

Long Term Care Insurance

Benefit Period _____

Elimination Period _____

Assisted Living Daily Benefit _____

Nursing Care Daily Benefit _____

Financial Statement

Income

Social Security \$ _____ Per Month

Pension \$ _____ Per Month

Other Income \$ _____ Per Month

(specify) _____

Other Income \$ _____ Per Month

(specify) _____

Total Monthly Income \$ _____

Personal Assets

Real Estate \$ _____

Savings/CD \$ _____

Stocks/Equity Funds \$ _____

Bonds/Bond Funds \$ _____

Life Insurance \$ _____

Checking Account \$ _____

IRA/401 \$ _____

Other \$ _____

Total Assets \$ _____

Debt

Please list any debt affecting income or assets:

I hereby declare that all the information, including my financial statement, is true to the best of my knowledge.

Signature of Applicant

Date

Signature if prepared by someone other than Applicant

Date