



ST. BARNABAS COMMUNITIES

Meridian Road • Gibsonia, Pennsylvania 15044 • (724) 444-5568

St. Barnabas Communities is a recognized Continuing Care Retirement Community (CCRC).

APPLICATION FOR RESIDENCY

DATE _____

I (We) hereby make application for admission to The St. Barnabas Communities.

_____ The Village _____ The Woodlands _____ The Washington Place _____ White Tail Ridge

Applicant(s)

1st Person (Mr.) (Mrs.) (Miss) _____

Address (house _____ apt. _____) _____

Phone (_____) _____ Email _____

Years resided at this address _____

Social Security Number _____

Date of Birth _____

2nd Person (Mr.) (Mrs.) (Miss) _____

Address (if other than above _____ apt. _____) _____

Phone (_____) _____ Email _____

Years resided at this address _____

Social Security Number _____

Date of Birth _____

Please indicate: Plan Choice: _____

The Village

Apt. desired: _____

Circle One:

(one) (two) (three)

bedroom home

(eastern) (western)

The Woodlands

Home desired: _____

Circle One:

(one) (two) (three)

bedroom home

Ideal time to move _____

The Washington Place

Apt. desired: _____

(studio)

(one) (two) bedroom

White Tail Ridge

Home desired: _____

Circle One:

(two) (three)

bedroom home

HEALTH INFORMATION

1. Please give a brief description of present health condition (listing chronic health problems, if any):

1st Person _____

2nd Person _____

2. Please rate your present health condition:

Circle one: 1st Person: Excellent Good Fair Poor
 2nd Person: Excellent Good Fair Poor

3. Last time hospitalized (year): 1st Person _____ 2nd Person _____

4. Medications taken: 1st Person _____
 how often? _____
 2nd Person _____
 how often? _____

5. Is Home Care assistance needed to live independently?
1st Person _____ 2nd Person _____

6. Medicare Numbers: 1st Person _____
 2nd Person _____

7. Supplemental Insurance: 1st Person _____
 2nd Person _____

8. Name, address and phone number of family physician: _____
Address: _____
Phone:(_____) _____
Fax:(_____) _____

GENERAL INFORMATION

1. Number of children _____ Number of children in Pittsburgh Area _____

2. Do you own an automobile? _____ Make _____ Year _____

3. Will you bring your car to The St. Barnabas Communities? Yes _____ No _____

4. Religious Affiliation _____
Address _____ Telephone (_____) _____
Name of Minister/Priest/Rabbi _____

5. What are your hobbies, community, church and leisure time activities?
1st Person _____

2nd Person _____

6. What was your occupation or profession?
1st Person _____
2nd Person (or Spouse's retired profession) _____

7. Are you a veteran of Military Service? Yes No
 If Yes: Branch _____ Years Served _____
8. What high school and/or college or university did you attend?
 1st Person _____
 Highest degree attained _____
 2nd Person _____
 Highest degree attained _____
9. Have you assigned power of attorney to anyone? _____
 With whom? _____
 Address _____ Phone (_____) _____
10. Please indicate the following activities and services you plan to utilize within The St. Barnabas Communities:
- | | |
|--------------------------------------|--------------------------------------|
| Art Studio _____ | Health Club _____ |
| Auxiliary _____ | Indoor Pool _____ |
| Bank _____ | Kean Theatre _____ |
| Beauty/Barber Shop _____ | Library _____ |
| Billiards Room _____ | Men's Club _____ |
| Book Review Club _____ | Motel Rooms _____ |
| Card Room _____ | Out to Lunch Club _____ |
| Carport _____ | Parties in the Pub _____ |
| Chapel _____ | Shuttle Bus _____ |
| College Classes/Lecture Series _____ | Volunteer Work _____ |
| Country Store _____ | Williamsburg Room (Party Room) _____ |
| Garden Club _____ | Wine Club _____ |
| Gourmet Club _____ | Women's Association _____ |

11. PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY:

- a. _____
 Name Relationship
 _____ (_____)
 Address Phone
- b. _____
 Name Relationship
 _____ (_____)
 Address Phone
- c. _____
 Name Relationship
 _____ (_____)
 Address Phone

12. Please briefly explain why you wish to come to The St. Barnabas Communities:

13. How did you first learn about St. Barnabas?

- Newspaper ad TV ad Mail received Family Friend
 Internet Other _____

14. Are you acquainted with anyone who lives or lived at The St. Barnabas Communities?

If yes, please indicate:

- a. _____
b. _____

PRIVACY STATEMENT

The information that you provide is protected by using physical, technical and procedural safeguards. We limit access to your information to those who need it to do their jobs. We don't sell your information to third parties. We are committed to protecting your information in every transaction, at every level of our organization.

_____ I (we) acknowledge that all funds paid, including application fee or deposit, shall be considered non-refundable given the extensive evaluation process conducted by St. Barnabas Communities if you elect to terminate the application process.

_____ I (We) fully understand that I (we) must be physically, mentally and socially able to maintain ourselves as independent residents of The St. Barnabas Communities.

_____ I (We) agree to be examined by a licensed physician to determine my (our) ability to carry on independent living with assistance at The St. Barnabas Communities.

_____ I (We) certify that the foregoing information and data are true and correct and may be relied upon by St. Barnabas for the purpose of entering into a residency agreement and that any misstatement may constitute grounds to rescind the residency agreement.

Signature(s)

1st Person

Date

2nd Person

Date