

10. Persons to be contacted in case of emergency

a. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

b. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

c. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

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

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

12. How did you first learn about St. Barnabas Communities?

Family  Friend  Magazine/Newspaper Ad  Mail  Radio  TV  Internet

13. Are you acquainted with anyone who currently lives or has lived at St. Barnabas Communities? If yes, please indicate:

1. \_\_\_\_\_  
 2. \_\_\_\_\_

**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.

**Please initial below:**

\_\_\_ I (We) acknowledge that all and/or a portion of funds paid, including application fee shall be considered non-refundable given the extensive evaluation process conducted by St. Barnabas Communities if I (We) 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.

Signatures:

1st Person \_\_\_\_\_ Date \_\_\_\_\_  
 2nd Person \_\_\_\_\_ Date \_\_\_\_\_



# ST. BARNABAS COMMUNITIES

## Application for Residency

I (We) hereby make application for admission to the St. Barnabas Communities. Date \_\_\_\_\_

The Village  The Woodlands  White Tail Ridge

**Applicant(s)**

1st Person  Dr.  Mr.  Mrs.  Ms. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Years resided at this address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

2nd Person  Dr.  Mr.  Mrs.  Ms. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Years resided at this address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check your preferred retirement community.

**The Village**  **The Woodlands**  **White Tail Ridge**

Apartment desired \_\_\_\_\_ Home desired \_\_\_\_\_ Home desired \_\_\_\_\_

Check the preferred number of bedrooms below:

One  Two  Three  One  Two  Three  Two  Three

Eastern  Western

Ideal time to move: \_\_\_\_\_

5850 Meridian Road, Gibsonia, PA 15044 • 724-443-0700 • StBarnabasCommunities.com  
 St. Barnabas Communities is a recognized Continuing Care Retirement Community (CCRC)

**Health Information**

1. Please give a brief description of your 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 \_\_\_\_\_ 2nd Person \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
Insurance Name \_\_\_\_\_ Insurance Name \_\_\_\_\_  
Group ID# \_\_\_\_\_ Group ID# \_\_\_\_\_  
Member# \_\_\_\_\_ Member# \_\_\_\_\_

8. Family Physician: 1st Person  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Family Physician: 2nd Person  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**General Information**

1. Number of children \_\_\_\_\_ Number of children in the Pittsburgh area \_\_\_\_\_  
2. Do you own an automobile?  Yes  No Make \_\_\_\_\_ Year \_\_\_\_\_  
3. Church name or religious affiliation \_\_\_\_\_  
4. What are your hobbies, community, church and leisure time activities?  
1st Person \_\_\_\_\_  
2nd Person \_\_\_\_\_  
5. What was your occupation or profession?  
1st Person \_\_\_\_\_  
2nd Person \_\_\_\_\_

6. Are you a veteran of Military Service?  
1st Person  Yes  No Military Branch \_\_\_\_\_  
2nd Person  Yes  No Military Branch \_\_\_\_\_

7. What high school and/or college or university did you attend?  
1st Person \_\_\_\_\_  
Highest degree attained \_\_\_\_\_  
2nd Person \_\_\_\_\_  
Highest degree attained \_\_\_\_\_

8. Have you assigned power of attorney to anyone?  Yes  No  
With whom? \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

9. Please indicate the following activities and services you plan to utilize within The St. Barnabas Communities:

- |   |   |   |
|---|---|---|
| <p><b>Entertainment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Live Entertainment In The Pub Every Week</li> <li><input type="checkbox"/> Music Programs</li> <li><input type="checkbox"/> Book Discussions</li> <li><input type="checkbox"/> Poetry Groups</li> <li><input type="checkbox"/> On-Site Guest Speakers</li> <li><input type="checkbox"/> Cocktail Parties</li> <li><input type="checkbox"/> Kean Theatre - Specialty Events/ Movies</li> <li><input type="checkbox"/> Community Socials</li> <li><input type="checkbox"/> Wine Club</li> <li><input type="checkbox"/> Red Hat Society</li> <li><input type="checkbox"/> Williamsburg Room For Private Parties</li> <li><input type="checkbox"/> Grandchildren's Waterpark - Pirates Cove</li> <li><input type="checkbox"/> New Year's Eve Party</li> </ul> <p><b>Leisure &amp; Fun</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Crafting</li> <li><input type="checkbox"/> Art Classes</li> <li><input type="checkbox"/> Game Nights</li> <li><input type="checkbox"/> Bingo</li> </ul> <p><b>Religious Services &amp; Studies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Worship Services</li> <li><input type="checkbox"/> Catholic Mass</li> <li><input type="checkbox"/> Non-Denominational Chapel</li> <li><input type="checkbox"/> Bible Studies</li> </ul> <p><b>Health &amp; Fitness</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Indoor Pools</li> <li><input type="checkbox"/> Water Aerobics</li> <li><input type="checkbox"/> Aqua Therapy</li> <li><input type="checkbox"/> Fitness Centers</li> <li><input type="checkbox"/> Land Exercise Classes (Flexibility, Strength, Endurance)</li> <li><input type="checkbox"/> Blood Pressure Screenings</li> <li><input type="checkbox"/> Doc Talks</li> </ul> <p><b>Card Clubs &amp; Games</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bridge</li> <li><input type="checkbox"/> 500</li> <li><input type="checkbox"/> Mahjong</li> </ul> | <p><b>Golf</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Conley Resort &amp; Golf Club</li> <li><input type="checkbox"/> Suncrest Golf &amp; Grille</li> <li><input type="checkbox"/> Free Unlimited Golf</li> <li><input type="checkbox"/> Golf Leagues</li> <li><input type="checkbox"/> Putting Green</li> <li><input type="checkbox"/> Pitching Tent For Golf</li> <li><input type="checkbox"/> Free Golf Course Transportation</li> </ul> <p><b>Restaurant &amp; Dining Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Village Restaurant</li> <li><input type="checkbox"/> Fox Place Pub</li> <li><input type="checkbox"/> Country Store Cafe</li> <li><input type="checkbox"/> Leisure Lounge</li> <li><input type="checkbox"/> Knickers Tavern</li> <li><input type="checkbox"/> Suncrest Grille</li> <li><input type="checkbox"/> Meal Delivery to Residences</li> <li><input type="checkbox"/> Barnabas Bakery Services</li> <li><input type="checkbox"/> Holiday Meals</li> <li><input type="checkbox"/> Sunday Brunches</li> <li><input type="checkbox"/> Private Dining</li> <li><input type="checkbox"/> Catering Services</li> <li><input type="checkbox"/> Themed Dinners</li> </ul> <p><b>Everyday Conveniences</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Shuttle Service</li> <li><input type="checkbox"/> Bank</li> <li><input type="checkbox"/> Libraries</li> <li><input type="checkbox"/> Hair Salon (Women &amp; Men)</li> <li><input type="checkbox"/> Convenience Store</li> <li><input type="checkbox"/> Gift Shop</li> <li><input type="checkbox"/> Mail Room Services &amp; Deliveries</li> <li><input type="checkbox"/> 738 Tool Wood Shop</li> <li><input type="checkbox"/> Motel Rooms For Guests</li> <li><input type="checkbox"/> Complimentary Notary Services</li> <li><input type="checkbox"/> The General Store</li> <li><input type="checkbox"/> Rudolph Auto Repair Shop</li> <li><input type="checkbox"/> Furniture At The Firehouse</li> <li><input type="checkbox"/> Storage Locker</li> <li><input type="checkbox"/> Carports</li> </ul> | <p><b>Travel &amp; Outings Off Campus</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Casino Trips</li> <li><input type="checkbox"/> Restaurant Excursions</li> <li><input type="checkbox"/> Musical Outings</li> <li><input type="checkbox"/> Cultural Tours</li> <li><input type="checkbox"/> Gallivantors - Extended Travel Club</li> <li><input type="checkbox"/> Pirate Game Trips</li> </ul> <p><b>Sports &amp; Outdoor Entertainment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bocce Court</li> <li><input type="checkbox"/> Fishing Pond</li> <li><input type="checkbox"/> Shuffleboard</li> <li><input type="checkbox"/> Horseshoe Court</li> <li><input type="checkbox"/> Pavilion Parties &amp; Picnics</li> <li><input type="checkbox"/> Gardening Plots</li> <li><input type="checkbox"/> Promenade Walk</li> <li><input type="checkbox"/> Pond &amp; Gazebo Walking Trails</li> </ul> <p><b>Personal Interests &amp; Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Volunteer Opportunities</li> <li><input type="checkbox"/> Educational Classes</li> <li><input type="checkbox"/> Coffee Groups (Men &amp; Co-Ed)</li> </ul> <p><b>St. Barnabas Medical Center</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> General Medicine - On-site Doctors &amp; Services</li> <li><input type="checkbox"/> Dentistry</li> <li><input type="checkbox"/> Physical Therapy</li> <li><input type="checkbox"/> Home Medical Visits</li> <li><input type="checkbox"/> Licensed Nurse Practitioners</li> <li><input type="checkbox"/> Podiatry</li> <li><input type="checkbox"/> Cardiology</li> <li><input type="checkbox"/> Massage Therapy</li> <li><input type="checkbox"/> Optometry</li> <li><input type="checkbox"/> Audiology</li> <li><input type="checkbox"/> Rheumatology</li> <li><input type="checkbox"/> Weight Management</li> <li><input type="checkbox"/> Rehab Therapy</li> <li><input type="checkbox"/> Continuum of Care</li> <li><input type="checkbox"/> Respite Services</li> </ul> |
|---|---|---|