



# 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: \_\_\_\_\_



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:

**Entertainment**

- Live Entertainment In The Pub Every Week
- Music Programs
- Book Discussions
- Poetry Groups
- On-Site Guest Speakers
- Cocktail Parties
- Kean Theatre - Specialty Events/ Movies
- Community Socials
- Wine Club
- Red Hat Society
- Williamsburg Room For Private Parties
- Grandchildren's Waterpark - Pirates Cove
- New Year's Eve Party

**Leisure & Fun**

- Crafting
- Art Classes
- Game Nights
- Bingo

**Religious Services & Studies**

- Worship Services
- Catholic Mass
- Non-Denominational Chapel
- Bible Studies

**Health & Fitness**

- Indoor Pools
- Water Aerobics
- Aqua Therapy
- Fitness Centers
- Land Exercise Classes (Flexibility, Strength, Endurance)
- Blood Pressure Screenings
- Doc Talks

**Card Clubs & Games**

- Bridge
- 500
- Mahjong

**Golf**

- Conley Resort & Golf Club
- Suncrest Golf & Grille
- Free Unlimited Golf
- Golf Leagues
- Putting Green
- Pitching Tent For Golf
- Free Golf Course Transportation

**Restaurant & Dining Services**

- Village Restaurant
- Fox Place Pub
- Country Store Cafe
- Leisure Lounge
- Knickers Tavern
- Suncrest Grille
- Meal Delivery to Residences
- Barnabas Bakery Services
- Holiday Meals
- Sunday Brunches
- Private Dining
- Catering Services
- Themed Dinners

**Everyday Conveniences**

- Shuttle Service
- Bank
- Libraries
- Hair Salon (Women & Men)
- Convenience Store
- Gift Shop
- Mail Room Services & Deliveries
- 738 Tool Wood Shop
- Motel Rooms For Guests
- Complimentary Notary Services
- The General Store
- Rudolph Auto Repair Shop
- Furniture At The Firehouse
- Storage Locker
- Carports

**Travel & Outings Off Campus**

- Casino Trips
- Restaurant Excursions
- Musical Outings
- Cultural Tours
- Gallivantors - Extended Travel Club
- Pirate Game Trips

**Sports & Outdoor Entertainment**

- Bocce Court
- Fishing Pond
- Shuffleboard
- Horseshoe Court
- Pavilion Parties & Picnics
- Gardening Plots
- Promenade Walk
- Pond & Gazebo Walking Trails

**Personal Interests & Services**

- Volunteer Opportunities
- Educational Classes
- Coffee Groups (Men & Co-Ed)

**St. Barnabas Medical Center**

- General Medicine - On-site Doctors & Services
- Dentistry
- Physical Therapy
- Home Medical Visits
- Licensed Nurse Practitioners
- Podiatry
- Cardiology
- Massage Therapy
- Optometry
- Audiology
- Rheumatology
- Weight Management
- Rehab Therapy
- Continuum of Care
- Respite Services

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 \_\_\_\_\_