



# 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 Every Week
- Music Programs
- Book Discussions
- On-Site Guest Speakers
- Movies in Hilltop Hall
- Community Socials
- Williamsburg Room For Private Parties
- Themed Parties

**Leisure & Fun**

- Crafting
- Art Classes
- Game Nights
- Bingo

**Religious Services & Studies**

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

**Health & Fitness**

- Indoor Pool
- Water Aerobics
- Aqua Therapy
- Fitness Centers
- Gentle Yoga
- Group Fitness Classes (Flexibility, Strength, Balance)
- Blood Pressure Screenings
- Doc Talks

**Card Clubs & Games**

- Bridge
- 500
- Mahjong
- Scrabble
- Poker
- Hand & Foot
- Pinochle

**Golf**

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

**Restaurant & Dining Services**

- Village Restaurant
- Fox Place Pub
- Country Store Cafe
- Knickers Tavern
- Suncrest Grille
- Meal Delivery to Residences
- Barnabas Bakery Services
- Holiday Meals
- Sunday Brunch Delivery
- Private Dining

**Everyday Conveniences**

- Shuttle Service
- Bank
- Libraries
- Hair Salon (Women & Men)
- Convenience Store
- Mail Room
- 738-Tool Wood Shop
- Motel Rooms for Guests
- The General Store
- Rudolph Auto Repair
- Furniture at the Firehouse
- Storage Locker
- Carports

**Travel & Outings Off Campus**

- Casino Trips
- Pittsburgh Siteseeing Excursions
- Restaurant Excursions
- Musical Outings
- Cultural Tours
- Gallivanter's - Extended Travel C
- Pirate Game Trips

**Sports & Outdoor Entertainment**

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

**Personal Interests & Services**

- Volunteer Opportunities
- Ambassadors & Greeters
- Coffee Groups (Men & Women)

**St. Barnabas Medical Center**

- General Medicine - On-site Doctors & Services
- Continuum of Care
- Dentistry
- Physical Therapy
- Home Health Care
- Podiatry
- Cardiology
- Massage Therapy
- Optometry
- Audiology
- Rehab Therapy
- Respite Services
- Chiropractic Care
- Acupuncturist
- Medication Management

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 \_\_\_\_\_