ST. BARNABAS
RETIREMENT 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 • 724-444-5568 • 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
   Insurance Name _____
   Group ID# _____
   Member# _____
   2nd Person
   Insurance Name _____
   Group ID# _____
   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:

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
- ❑ Gallivanters - 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 _____