



Application for Residency

PERSONAL CARE



A Ministry of the Vincentian Collaborative System

Vincentian Personal Care Application

Thank you for your inquiry concerning our services and accommodations.

As a personal care home, licensed in Pennsylvania under the department of Public Welfare, we provide care and services to those requiring assistance with activities of daily living, such as bathing, dressing and medication assistance. We believe our Personal Care community provides the comfort, security and loving care that you desire for yourself or your loved one.

Attached you will find an application for admission. Please complete and return one application form for each person who is applying. Submitting the application and the accompanying documentation does not commit you to reserving a room, nor does it obligate the community to guarantee a room for you.

Should you choose to make arrangements at this time, fill out the admission application completely and provide the following documents:

1. Copies of Power of Attorney and/or Living Will (if one is available)
2. Copies of financial verification, such as most recent bank statement(s) or other financial holdings, portfolio, investments or property.
3. Copies of any/all cards such as Insurance, Social Security or PACE
4. Proof of age, a copy of a Birth or Baptismal Certification, current or expired Driver's License

Once you submit the complete application and meet the personal care requirements, you will be placed on a waiting list and contacted when a room becomes available.

Information on the Personal Care Supplement for persons of low income may be obtained by calling the Allegheny County Department of Aging at 412-350-6908.

Please feel free to contact me if you have further questions or require assistance in completing your application.

Sincerely,

Christine Holko
Sales Manager
cholko@vcs.org
412.548.4100

Please print or type.

Vincentian Personal Care Application

GENERAL INFORMATION

Community of Interest Vincentian Home Vincentian Marian Manor Vincentian Schenley Gardens
(Please check all interested in.)

Name of Applicant _____ Age _____ Sex _____

Phone Number _____ Length of Stay Intended: 1-6 Months 6+ Months

Address _____

Birthdate _____ Birthplace _____ Citizenship _____

Email _____

Religion _____ Church/Pastor _____ Veteran: Yes No

Marital Status _____ Spouse's Name _____

Spouse's Address (if different than applicant's) _____

Referred by _____

Room Preference Semi-Private Private Apartment Date of Application _____

I anticipate my need for assisted living to be: Immediate 4-6 Months 6 Months - 1 Year or More

IF YOU ARE PRESENTLY IN ANOTHER FACILITY, PLEASE COMPLETE

Facility Name _____

Address _____

Date of Stay (from/to) _____

Reason for transferring to Vincentian _____

HOSPITALIZATIONS WITHIN PAST YEAR

Date of Hospital Stay _____ Hospital Name _____

Please List Your Preferred Hospital if Different _____

PHYSICIAN

Current Physician _____ Phone _____

Physician to Follow you at Vincentian _____ Phone _____

Please print or type.

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Income	Monthly
Social Security (first person)	\$
Social Security (second person)	\$
Pension (first person)	\$
Pension (second person)	\$
Interest	\$
Dividends	\$
Rental Income	\$
Other	\$
TOTAL	\$

Other Assets	Amount
Total (current) Value of Stocks	\$
Total Value of Bonds	\$
Total Value of Notes	\$
Other Investments (not including real estate)	\$
TOTAL	\$

Cash Held in Financial Institutions	All Belonging to Applicant?	Amount
Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TOTAL		\$

Please print or type.

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Real Estate Holdings	Amount
Current Value of Real Estate (<i>best estimate</i>)	\$
How much do you owe in Real Estate?	\$
TOTAL	\$

Liabilities	Total
Loan	\$
Mortgages	\$
Credit Card Debt	\$
Taxes	\$
Other	\$
TOTAL	\$
Gifts given in to others in last 5 years	\$
Other	\$

Please print or type.

EMERGENCY CONTACT

First Contact Name _____ Relationship _____

Please Mark Which Phone We Should Call First.

Home Phone _____ Cell/Work Phone _____

Address _____

Second Contact Name _____ Relationship _____

Please Mark Which Phone We Should Call First.

Home Phone _____ Cell/Work Phone _____

Address _____

INSURANCE

Social Security # _____

Medicare # _____

Blue Cross Agreement # _____

Group # _____

Plan _____

PACE # _____

Co-Insurance _____

Co-Insurance # _____

Prescription Plan _____

Prescription Plan # _____

Pre-Planned Funeral Yes No Is it Revocable? Irrevocable?

Funeral Home Name _____ Phone _____

Address _____

Have you ever been charged with, convicted of, or pled guilty or no contest to a misdemeanor or felony offense? Yes No

If yes, please state the date of the charge, the Court where the case(s) were prosecuted and the outcome.

Please print or type.

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DESIGNATED PERSON

(The person you want to be notified in the event of emergency, termination of services, home closure or other situations)

Name _____ Relationship _____

Home Phone _____ Cell/Work Phone _____

Address _____

BILLING (Who will write checks for you to pay your bills? - Your billing statement will go to the address below)

Name _____ Relationship _____

Home Phone _____ Cell/Work Phone _____

Address _____

POWER OF ATTORNEY / GUARDIAN / TRUSTEE

Type of Representation: None Power of Attorney Guardian Next of Kin

Name _____ Relationship _____

Home Phone _____ Cell/Work Phone _____

Address _____

I HEREBY VERIFY THAT THE ABOVE INFORMATION, TO THE EXTENT OF MY KNOWLEDGE, IS CORRECT. WE AGREE THAT THE APPLICANT’S ASSETS, HIS/HERS PORTION OF THE ASSETS DECLARED ON THIS APPLICATION AND ON OTHER LEGAL DOCUMENTS WILL BE USED SOLELY FOR HIM/HER FOR EXPENSES HERE AT THIS FACILITY AND FOR OTHER PERSONAL FINANCIAL OBLIGATIONS AND FOR NO OTHER PURPOSE.

Applicant _____ Date _____

Applicant’s Spouse _____ Date _____

Designated Person _____ Date _____

Designated Person’s Spouse _____ Date _____

REMINDER! Please Attach Copies of the Following:

- Applicant’s Most Recent Statement of any Financial Holdings
- Legal Documents such as Trust Agreement, Power of Attorney, Guardianship
- All Insurance and Social Security Cards

Please print or type.

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THIS SPACE FOR THE USE OF VINCENTIAN ONLY.

Application Date: _____

Record #: _____

Admit Date: _____

Room #: _____