

MICHAUX MANOR



A Personal Care Community

717-749-5000 main • 717-749-5852 facsimile • www.michauxmanor.com
11302 South Mountain Road, Fayetteville, Pa 17222

APPLICATION FOR RESIDENCY

Please answer all questions as completely and accurately as possible. Your answers will help us to provide for all phases of your care at Michaux Manor upon your admission. All information you give us will be held in strictest confidence. Michaux Manor affirms that its programs and services in their entirety are available to all persons, regardless of race, color, religion, sex, disability, handicap, ancestry, or national origin.

Applicant's Name: _____ Telephone: _____

Current Address: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

Marital Status: _____ Name of Spouse: _____

Previous Occupation(s): _____ Date Retired: _____

Social Security Number: _____ Medicare No: _____

Other Insurance (include name & number): _____

Ambulance Club Membership: _____

PLEASE SUBMIT COPIES OF SOCIAL SECURITY CARD, MEDICARE CARD, OTHER INSURANCE CARDS, LIVING WILL, AND POWER OF ATTORNEY WITH APPLICATION.

Person to contact in emergency: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name & Telephone Numbers of Living Children:

- | | | | | |
|----|-------|-------------|-------------|-------------|
| 1. | _____ | Home: _____ | Work: _____ | Cell: _____ |
| 2. | _____ | Home: _____ | Work: _____ | Cell: _____ |
| 3. | _____ | Home: _____ | Work: _____ | Cell: _____ |
| 4. | _____ | Home: _____ | Work: _____ | Cell: _____ |
| 5. | _____ | Home: _____ | Work: _____ | Cell: _____ |

Religious Affiliation: _____ Church: _____

Pastor: _____ Phone: _____

Leisure Time Activities & Interests: _____

PERSONAL HEALTH DATA

Primary Physician Name: _____ Telephone: _____
Physician Address: _____

Dentist Name: _____ Telephone: _____
Dentist Address: _____

Other (Specify) Name: _____ Telephone: _____
Address: _____

Other (Specify) Name: _____ Telephone: _____
Address: _____

List Medications presently prescribed and the condition they were prescribed for:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Preferred Pharmacy? _____ Telephone: _____

List Any Medications you are taking that are not prescribed by the physician:

List all allergies and/or sensitivities you have:

If you have been instructed to follow a specific diet, list below:

List Hospitalizations and dates (include operations):

List past illnesses and/or serious injuries and dates:

Do you use: Tobacco: Yes ___ No ___ Alcohol: Yes ___ No ___ Narcotics: Yes ___ No ___
Continent of Bladder: Yes ___ No ___ Continent of Bowel: Yes ___ No ___

OTHER PERTINENT DATA

Who will sign the Admission Agreement and be responsible for payment of charges?

Name: _____ Relationship: _____

Address: _____

Upon or following your admission, you may be required to designate an Authorized Representative to be responsible for your affairs. Please name the person you would designate:

Name: _____ Relationship: _____

Address: _____

Do you presently have a Power of Attorney? Yes ___ No ___

Where is it kept? _____

Have you affected funeral and burial plans? Yes ___ No ___

Funeral Director Name: _____ Telephone: _____

Address: _____

Do you have a will? Yes ___ No ___

Who is the executor of your estate? Name: _____

Address: _____

Who is your attorney? Name: _____

Address: _____

FINANCIAL STATUS

Assets

Value of Property \$ _____
 Securities \$ _____
 Bonds \$ _____
 Bank Stock \$ _____
 Savings Account \$ _____
 Certificates \$ _____
 Checking Account \$ _____
 Cash \$ _____
 Other \$ _____

Total Assets \$ _____

Liabilities

Real Estate Mortgages \$ _____
 Notes Owed \$ _____
 Contingent Liabilities \$ _____
 Other \$ _____
 Other \$ _____
 Other \$ _____
 Other \$ _____
 Other \$ _____
 Other \$ _____

Total Liabilities \$ _____

APPLICANTS MONTHLY INCOME

Social Security \$ _____
 Pension \$ _____
 Railroad \$ _____
 Company \$ _____
 Veteran \$ _____
 Rental Income \$ _____
 Other Income \$ _____
 Other Income \$ _____

Interests/CDs \$ _____
 Bonds \$ _____
 Savings \$ _____
 Stock \$ _____
 Annuities \$ _____
 Fraternal Organizations \$ _____
 Other Income \$ _____

Total Monthly Income \$ _____

Note: This page is designated to serve as a worksheet for applicants and families. Applicants are reminded that Michaux Manor is privately owned and operated, and that there are currently no federal programs or Medicare funds that pay for stays in a Personal Care Home or Assisted Living Facility. Further, we do not accept SSI payments at Michaux Manor. Applicants are encouraged to examine personal resources to determine whether residing at Michaux Manor is affordable option.

I have examined my personal resources and attest that I am capable of privately funding
my stay at Michaux Manor.

Resident Name: _____

POA: _____

NAME, ADDRESS, & PHONE NUMBER OF PERSON COMPLETING APPLICATION

Name: _____ Phone: _____
Address: _____

I hereby certify that the information in the application is factual to the best of my knowledge and belief. It is understood that willful misrepresentation of information shall constitute fraud and may jeopardize the resident's continued stay in this facility. I further understand that Michaux Manor, either as a condition of my admission to the facility or as a condition of my continued residency at any time following my admission, may, in its sole discretion, require, me to designate an Authorized Representative to act on my behalf in the event that I am incapacitated due to illness, injury, disability, death, or being adjudicated incompetent, and to assume personal liability for the payment of all charges due in connection with my residency.

Signature of Applicant or Responsible Agent

Date

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MANOR



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