



Admission Application

Please complete this form and mail, fax or email to contact info below.

OFFICE USE ONLY
Date Received ___/___/___
Date of Admission / /

Name of Applicant _____ - -

(Last) (First) (Middle) Social Security #

Name of Co-Applicant _____ - -

(Last) (First) (Middle) Social Security #

Address _____

Applicant Date of Birth ___/___/___ Phone _____

Co-Applicant Date of Birth ___/___/___ Email _____

Marital Status Married Single Widow Divorced Separated

Religion _____ Are you a Veteran? Yes No

Power of Attorney(s) Name _____			
Phone Number _____		Email _____	
Do you have a Living Will? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have end of life arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who should we contact? _____			

Medical and Financial Power of Attorney			

List of Living Relatives (children, brothers, sisters, other)			
Name	Address	Relationship	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIMARY INSURANCE: Check One Medicare Other

If Other, Name _____ Policy # _____ Group # _____

Address _____

Telephone # _____ Subscriber _____

SECONDARY INSURANCE: Check One Medicare Other

List Hobbies, Activities and Social Interests _____

State any serious illness you have had within the last five years

Name and address of Physician who last attended you and the dates?

Doctor: _____ Address: _____

Have you been a resident in any other facility? YES NO

Name of Facility: _____ Date of Admission: ____/____/____

Did Medicare cover your stay? YES NO

Reason for Leaving _____

With whom are you now living and under what arrangement?

How long can this continue?

What are your reasons for desiring admission to Pickering Manor Home?

Pickering Manor 226 N Lincoln Ave Newtown, PA 18940

(P) 215-968-3878 **(F)** 215-968-8894 **Email:** info@pickeringmanor.com

Financial Fact Sheet

1. Source of MONTHLY Income:

Social Security \$ _____
 Pension(Describe) \$ _____
 Annuity \$ _____
 Interest \$ _____
 Dividends \$ _____
 Rental Income \$ _____
 Other (Describe) _____ \$ _____
 Value of Home? _____

2. Residence:

Do you rent? YES NO
 Do you own your home? YES NO
 If you own your home what is the balance due on the mortgage? \$ _____
 Do you have a reverse Mortgage? _____
 Whose name(s) are on the deed? _____
 What is their relationship to you? _____
 Liabilities: Credit Cards Loans Other Describe: _____

3. Capital Assets:

Other Real Estate (Net Value)

Cash Accounts:	Amount	Joint Owned with:	Relationship
Checking	\$ _____	_____	_____
Savings \$ _____	_____	_____	_____
Certificates \$ _____	_____	_____	_____
*Bonds (face Value)	\$ _____	_____	_____
*Stocks (Last Statement)	\$ _____	_____	_____
Trust Fund \$ _____	_____	_____	_____
Other (Describe)	_____	_____	_____

Will the above stated resources be available for payment for the care of this applicant?
 YES NO

I hereby attest that the information on the foregoing Financial Fact Sheet is true and correct to the best of my knowledge, and understand that any false statements therein shall void my acceptability as a resident at Pickering Manor Home. I further understand and agree that all items listed as income and Capital Assets (other than the Sale Value of the home) must be verified by written documentation immediately prior to my admission to Pickering Manor Home.

Finally, based upon the assurance of confidentiality hereby grant permission to the management of Pickering Manor Home to investigate and verify all information provided on this financial fact sheet, and for the applicable financial institutions to release said information to Pickering Manor Home and the applicable financial institution from any and all liability resulting from said investigations.

Type of Residency Requested at Pickering Manor Home:

<input type="checkbox"/> 1 Bedroom Cottage	<input type="checkbox"/> 1 Bedroom Apartment
<input type="checkbox"/> 2 Bedroom Cottage	<input type="checkbox"/> 2 Bedroom Apartment
<input type="checkbox"/> Skilled Nursing (Long term care)	Please check which floor <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor
	<input type="checkbox"/> Personal Care <input type="checkbox"/> Small Unit <input type="checkbox"/> Large Unit

Applicant(s) (please print)	Responsible Party/POA (please print)
_____	_____
Address _____	Address _____
_____	_____
Daytime Phone _____	Daytime Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Signature _____	Signature _____
Date _____	Date _____

How did you hear about us?

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Website | <input type="checkbox"/> Physician Referral | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Telephone Book | <input type="checkbox"/> Community Event | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Hospital Referral | <input type="checkbox"/> Other: _____ | |