



MENNONITE VILLAGE

Application for Care Area Admission

APPLICANT # 1:

Name: _____ Birth Date: ____/____/____

APPLICANT # 2 (spouse):

Name: _____ Birth Date: ____/____/____

Does either applicant presently reside at Mennonite Village? Yes___ No___

Applicant(s) Address: _____ Phone Number: _____
City: _____ State: _____ Zip Code: _____

Car License Plate Number, if applicable: _____

LIST TWO CONTACTS: (preferably Power of Attorney, Children or Siblings)

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ ZIP: _____	State: _____ ZIP: _____
Phone Number (Home): _____	Phone Number (Home): _____
(Other): _____	(Other): _____

FINANCIAL INFORMATION:

Payment source(s):
___ Private ___ Long Term Care Insurance ___ Medicaid # _____

Total Monthly Income: \$ _____ Sources: _____

URGENCY OF MOVE: ___ Immediate ___ Future, time frame? _____

CARE AREA: ___ Quail Run Assisted Living (___ Studio ___ One Bedroom)

___ Mary's Place Adult Foster Home

___ Lydia's House Memory Care

How did you hear about us? _____



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Name: _____ (Complete this page separately for each applicant)

MEDICAL INFORMATION:

Primary Physician: _____

Physician Phone: _____ Fax: _____

Do you have a history of any of the following?

Diabetes	Yes ___ No ___	Medication: _____
Cardiac related	Yes ___ No ___	Medication: _____
CHF	Yes ___ No ___	Medication: _____
Blood Pressure	Yes ___ No ___	Medication: _____
Anxiety	Yes ___ No ___	Medication: _____
Depression	Yes ___ No ___	Medication: _____
PTSD	Yes ___ No ___	Medication: _____
COPD	Yes ___ No ___	Medication: _____
Memory Loss	Yes ___ No ___	Medication: _____
Skin Breakdown	Yes ___ No ___	Medication: _____

Other (Please be as detailed as possible):

History of Wandering? Yes ___ No ___

If yes, please explain: _____

Medication Assistance Needed (check one):

___ Self-administration of medications ___ Needs medications to be administered by facility staff
(Our campus utilizes a bubble-pack system for packaging medications.)

Requires special diet? (Texture modified, puree, gluten intolerance etc.) Yes ___ No ___

If yes, please explain: _____

<u>Activities of Daily Living (ADL's):</u>	<u>Independent</u>	<u>Assist</u>	<u>Dependent</u>
Dressing	_____	_____	_____
Bathing	_____	_____	_____
Toileting	_____	_____	_____
Transferring	_____	_____	_____
Eating	_____	_____	_____

Mobility: Uses Cane ___ Walker ___ Wheelchair ___ Electric cart/Wheelchair ___ No device ___

Requires assistance of another person to move about? Yes ___ No ___

History of falls in the past 6 months? Yes ___ No ___

If yes, please explain: _____



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COMBINED PERSONAL FINANCIAL STATEMENT

If application is for two persons, is your income combined? Yes ____ No ____
If yes, continue with statement below. If no, use Individual Personal Financial Statement.

Names: _____ Date: _____
Applicant #1 Applicant #2

ASSETS		LIABILITIES	
Cash (Checking & Savings)		Current debt	
Securities (stocks, bonds, mutual funds)		Notes payable:	
C.D., Certificates, etc.		Taxes payable (property, personal)	
Annuities		Real Estate (mortgage balance)	
Real estate (market value)		Other loans (vehicle, RV, etc.)	
Auto(s)		Other Liabilities – Describe:	
Other (Burial, Trusts, Family support, Life Lease Refund)			
TOTAL ASSETS		TOTAL LIABILITIES	

INCOME (Monthly)	Applicant #1	Applicant #2	EXPENSES (Approximate Monthly)	
Social Security			Auto (insurance, fuel)	
Pension/Retirement			Food and household	
Pension/Retirement (after death of other applicant)			Health insurance	
Annuity			Health, dental, prescription	
Dividends			Mortgage	
Rents			Other	
Other			TOTAL EXPENSES	
TOTAL INCOME				

Do applicants have a Long Term Care Insurance Plan? Yes ___ No ___ Daily benefit amount? \$ _____
 Life Insurance: Do you have life insurance? App #1 ___ \$ _____ App #2 ___ \$ _____
 Upon death of App #1 will life insurance transfer to App #2? Yes ___ No ___
 Upon death of App #2 will life insurance transfer to App #1? Yes ___ No ___
 Upon death of App#1 will all assets transfer to App #2? Yes ___ No ___
 Upon death of App #2 will all assets transfer to App #1? Yes ___ No ___
 Upon death will App #1 pension/retirement transfer to App #2? Yes ___ No ___ Amount \$ _____
 Upon death will App #2 pension/retirement transfer to App #1? Yes ___ No ___ Amount \$ _____



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INDIVIDUAL PERSONAL FINANCIAL STATEMENT

Name: _____ Date: _____

ASSETS		LIABILITIES	
Cash (Checking & Savings)		Current debt	
Securities (stocks, bonds, mutual funds)		Notes payable:	
C.D., Certificates, etc.		Taxes payable (property, personal)	
Annuities		Real Estate (mortgage balance)	
Real estate (market value)		Other loans (vehicle, RV, etc.)	
Auto(s)		Other Liabilities – Describe:	
Other (Burial, Trusts, Family support, Life Lease Refund)			
TOTAL ASSETS		TOTAL LIABILITIES	

INCOME (Monthly)		EXPENSES (Approximate Monthly)	
Social Security		Auto expenses (insurance, fuel)	
Pension/Retirement		Food and household	
Annuity		Health insurance	
Dividends		Health, dental, prescription	
Rents		Mortgage	
Other		Other	
TOTAL INCOME:		TOTAL EXPENSES	

Life Insurance: Do you have a Life Insurance plan? Yes No

Upon death of a spouse, will life insurance transfer to you? Yes No

Do you have Long Term Care Insurance plan? Yes No.

If you qualify for LTC benefits, what is the daily benefit amount? \$_____



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Signature Page

- Mennonite Village checks the National and/or State of Oregon sexual offender websites to determine if the applicant is registered as a sexual offender or as a sexually violent predator.
- Mennonite Village is subject to the federal Fair Housing Act, which prohibits any preference, limitation, or discrimination because of race, color, religion, sex, handicap, familial status, or national origin, or intention to make such a preference, limitation, or discrimination.
- I agree not to compromise my ability to meet financial obligations by making gifts and transfers inappropriately. I/We verify that the above represents an accurate financial representation. Should the above name(s) become a subsidized resident(s) and any unknown or recent acquired assets occur, this statement creates a lien against such assets in favor of the provider.
- All information listed is confidential and will be used only by Mennonite Village unless written permission is given by the applicant.
- At the time of application, assets, liabilities, income and expenses will be reviewed. Mennonite Village requires proof of financial statement criteria prior to admission, per corporate policy.
- Quail Run & Lydia's House do have Medicaid contracts, however the facility does not determine who qualifies for Medicaid eligibility.



Applicant Signature

Date

Applicant #2 Signature (if applicable)

Date