APPLICATION FOR ADMISSION

St. Paul’s Manor is licensed by the State of California Department of Social Services as a Residential Care Facility for the Elderly, License #370800558. St. Paul’s Manor is operated on a non-discriminatory basis, and affords equal treatment and access to services to eligible persons regardless of sex, race, color, religion, national origin, marital status, registered domestic partner status, ancestry, actual or perceived sexual orientation, or actual or perceived gender identity, in accordance with the Health & Safety Code 1439.51.

QUALIFICATIONS:

In order to qualify for admission, applicants must be:

- 60 years of age or over at the time of admission
- Able to maintain self without assistance in the activities of daily living
- Able to ambulate without assistive devices (i.e., walker or wheelchair) in the common areas of the building (dining room, living room, etc.). A cane is permitted as long as the Resident is able to ambulate without it in case of an emergency.
- Able to walk up/down one flight of stairs, in case of emergencies.
- Able to understand medication dosage instructions, and be able to self-administer medications.
- Have sufficient cognitive ability to:
  - Keep track of time, know when to go to meals, medical appointments, social activities, etc.
  - Navigate throughout the building.
  - Demonstrate effective verbal and written communication skills, ability to carry on mutual conversation with other residents and staff, ability to read the dining room menu, read signs posted around the building, and follow general directions.

APPLICATION PROCESS:

- Complete St. Paul’s Manor Application for Residency.
- Have physician complete the Physician’s Report Package (form 602-A). This is required by our State licensing agency, the Department of Social Services.
- Turn both completed forms in to the Admissions Specialist.
- Admissions Specialist will present the Application/Finances to the Administrator for approval.
- Admissions Specialist will present the Physician’s Report to the Resident Services Coordinator, who will review your entire application and physician report, and contact you to schedule an applicant assessment.
- Once approval is received by the Administrator and Resident Services Coordinator, the Admissions Specialist will work with you to coordinate the signing of the admissions agreement and coordinate your move-in.
ST. PAUL’S MANOR APPLICATION FOR ADMISSION

Section 1 – Demographic Information

Name: ___________________________ Date of Birth: ____________________________

Address: ____________________________________________________________________

City/State/Zip: ____________________________________________________________________

Primary Phone: ___________________________ Secondary: ___________________________

Email: ___________________________ Place of Birth: ____________________________

Occupation/Career: ___________________________ Religion: ____________________________

Military Veteran? __________ Branch of Service: ______________________________________

Social Security #: ___________________________ Medicare #: ____________________________

Medicare Insurance Carrier (HMO/Advantage Plan): ____________________________

Physician (PCP) Name: ___________________________ Phone: ____________________________

Address: ____________________________________________________________________ City/State/Zip: ____________________________

Alt Physician: ___________________________ Phone: ____________________________

Address: ____________________________________________________________________ City/State/Zip: ____________________________

Section 2 – Emergency Contacts

1/Name: ___________________________ Relationship: ____________________________

Address: ____________________________________________________________________ Phone #1: ____________________________

City/State/Zip: ___________________________ Email: ____________________________

2/Name: ___________________________ Relationship: ____________________________

Address: ____________________________________________________________________ Phone #1: ____________________________

City/State/Zip: ___________________________ Email: ____________________________

3/Name: ___________________________ Relationship: ____________________________

Address: ____________________________________________________________________ Phone #1: ____________________________

City/State/Zip: ___________________________ Email: ____________________________
**Section 3 – Health Information**

Any recent serious illness or surgery? _______ If so, what: ________________________________

Would you describe your general health as:       Excellent       Good       Fair       Poor

Are you dependent upon any mechanical aids (i.e. cane or walker)? __________________________

Do you require a special diet? _______ If so, specify: ________________________________

Do you have any allergies to medications or foods? ________________________________

Any contagious or infectious diseases? _______ If so, specify: ________________________________

Do you take medications (including non-prescription)?  If so, please specify: ____________________________

_________________________________________________________________________________

Are you able to live independently and without assistance? __________________________

**Section 4 – Hobbies & Interests**

_________________________________________________________________________________

_________________________________________________________________________________

Where have you lived before? ______________________________________________________

________________________________________________________________________________

**Section 5 - Referral**

How did you first learn about St. Paul's Senior Services? ________________________________

Did a Manor resident recommend that you apply?  Name: ________________________________

What are the major factors in your decision to choose our community?  Check all that apply:

___Location       ___Friend in residence       ___Atmosphere       ___Cost       ___Services

What type of apartment are you interested in? ____________________________________________

When would you like to move in? ______________________________________________________

Signature: __________________________________________       Date: ________________________
Section 6

Financial Disclosure

St. Paul’s Senior Services (St. Paul’s) respects the privacy of every applicant and does not desire to intrude into any applicant’s personal financial circumstances other than to have assurance that the necessary amounts needed to provide for the applicant’s extended lodging, food, health care and personal needs are available to the potential resident.

The applicant and/or responsible party understands that St. Paul’s will rely on the financial information regarding the applicant’s assets, liabilities, income and expenses in making its determination as to whether the applicant will be admitted to St. Paul’s facilities and that St. Paul’s would not admit the resident to the facilities but for the accuracy and truthfulness of such information. The applicant and/or responsible party understands that the resident may be discharged by St. Paul’s if it discovers that any such information has been misrepresented or omitted by the resident/responsible party, regardless of whether such misrepresentations or omission could have been discovered earlier by St. Paul’s.

FINANCIAL STATEMENT

Applicant Name: ___________________________________________ Social Security #: ____________________________

Monthly Income:
Social Security ____________________________________________ $________________
Pensions __________________________________________________ $________________
Interest Income ____________________________________________ $________________
Annuity (lifetime _____ or years ending _____) $________________
Trust (Name __________________________) $________________
Family Support ____________________________________________ $________________
VA Aid & Attendance _______________________________________ $________________
Long Term Care Policy (lifetime _____ or cap _____) $________________
Other: ____________________ $________________

Monthly Expenses:
Health Insurance ____________________________________________ $________________
Prescriptions, medical expenses ______________________________ $________________
Living expenses ____________________________________________ $________________
Auto/mortgage/rent (continuing) _____________________________ $________________
Other: ____________________ $________________

Current Assets:
Checking Account __________________________________________ $________________
Savings Account __________________________________________ $________________
Stocks/Bonds (currently accessible?) __________________________ $________________
Trust (Name __________________________) _____________________ $________________
401K (penalty for withdraw?) ________________________________ $________________
Real Estate Equity – residence ______________________________ $________________
other (vacation/rental) ______________________________________ $________________
Other: ____________________ $________________

I DECLARE UNDER PENALTY OF PERJURY that the foregoing financial information is a true statement of facts known by me, and that it is submitted as part of an application for residency at St. Paul’s facilities. I also declare that all of the above assets are available to the Applicant to provide for the future needs of the Applicant, and that none of the assets will be transferred to another individual or individuals to avoid liability for those needs.

_________________________________________ OR ____________________________
Date _______ Applicant for Residency ___________________________ Date _______ Financially Responsible Party ____________________________