



2340 Fourth Avenue
San Diego, CA 92101

(619) 232-2996
(619) 677-3895 (fax)

StPaulsSeniors.org

Lic#370804823

Application for Residency

St. Paul's Villa is a proud member of the St. Paul's Senior Services Family. Established in 1960.



St. Paul's Villa

Assisted Living/memory Care

2340 Fourth Avenue, San Diego, CA 92101

ADMISSION STANDARDS

1. St. Paul's Senior Service is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because 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.
2. In order to qualify for the admission to one of St. Paul's Senior Services retirement communities, applicants must be:
 - a. Sixty (60) years of age or over at the time of admission
 - b. In satisfactory physical health as determined by their personal doctor and the examining health care professional that allows safe living at St. Paul's Villa, as it is not a 24-hour skilled nursing community
 - c. Able to live harmoniously with other residents
3. In the case of married couples, one partner must be sixty (60) years of age or older
4. Applications are generally acted on in the order of receipt of application and the Physician's Report, and on the availability of the requested unit.
5. If an applicant is offered admission to accommodations of the class desired as indicated by the application and declines them, he or she may be reclassified as to priority.
6. At St. Paul's Senior Services, residents become part of an extended family. It is necessary, therefore, to be able to establish amicable relationships and to be congenial with each other.
7. A \$1,000 community fee is payable upon move-in or with approved application.
8. St. Paul's Senior Services Board of Directors retains the right to make deviations for the above policy on a case-by-case basis.

Resident Application

Future Resident:

Name: _____ Gender: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: Married Never Married Widowed Divorce

Religious Preference: _____

Are you a Veteran: Yes No If yes, in what branch did you serve: _____

Current Living Situation: Live Alone Live With Family Assisted Living/Skilled Nursing

Last Permanent Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Medicare Number: _____

HMO/INS. Name: _____ Number: _____

Physician Info:

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Emergency Hospital Plan

Name of Preferred Hospital: _____

Address: _____

Emergency Contacts:

In the space provided below, please designate, by priority, your surrogate decision maker(s) in the event you are unable to make decisions on your own behalf:

1. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check all apply:

Medical POA Financial POA Next of Kin Emergency Contact

2. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check all apply:

Medical POA Financial POA Next of Kin Emergency Contact

Local Emergency Contact (if different from above)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mortuary:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____



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Financial Disclosure to St. Paul's Senior Services

St. Paul's Senior Services 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 need to provide for the applicant's extended lodging, food, health care and person 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 facility 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 Number: _____

Monthly Income:

Social Security	\$ _____
Pensions	\$ _____
Interest Income	\$ _____
VA Aid & Attendance	\$ _____
Rental Income	\$ _____
Other Income	\$ _____

RESIDENT'S MONTHLY INCOME:

Monthly Trust Payments (Name _____)	\$ _____
Family Support	\$ _____
Long Term Care Policy (Monthly Payment)	\$ _____

ADDITIONAL MONTHLY INCOME:

\$ _____

Ongoing Monthly Expenses:

Health Insurance	\$ _____
Prescriptions, Medical Expenses	\$ _____
Auto/Mortgage/Rent (continuing)	\$ _____
Other Expenses	\$ _____

Assets:

Checking Account	\$ _____
Savings Account	\$ _____
Investments/Trusts/401K	\$ _____
Estimated Real Estate Equity	\$ _____

I DECLARE UNDER PENALTY OF PERJURY that the foregoing financial information is a true statement of the fact known by me, and that it is submitted as part of an application for residency at a St. Paul's Facility. 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 Signature of Applicant for Residency Date Signature of Financially Responsible Party