

# Application for Admission



## Community Village

*An assisted living home for Seniors where God's love makes the difference.*

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

**Marital Status:**    Single    Married    Widowed    Divorced    Separated

Name of Spouse \_\_\_\_\_ Phone \_\_\_\_\_

Address (if living) \_\_\_\_\_ City/St/Zip \_\_\_\_\_

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### In case of emergency, who should be contacted:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (primary) \_\_\_\_\_ Phone (secondary) \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (primary) \_\_\_\_\_ Phone (secondary) \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

### Legal

Name of Attorney \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

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## Insurance

### Primary Insurance Plan

Group Number \_\_\_\_\_ Service Code \_\_\_\_\_

Contract Number \_\_\_\_\_ Plan Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Other Insurance Plans

Group Number \_\_\_\_\_ Service Code \_\_\_\_\_

Contract Number \_\_\_\_\_ Plan Code \_\_\_\_\_

Medicare Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Medicaid ID Number \_\_\_\_\_ Medicaid Case Number \_\_\_\_\_

Veterans Number and Status \_\_\_\_\_

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## Medical Information

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Years with this physician \_\_\_\_\_ Previous Physician \_\_\_\_\_

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## Funeral Arrangement Information

Funeral Director \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

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I have read and I understand the *Residents Bill of Rights*. I understand and agree that Community Village and its owners have the exclusive and final right to decide if my application for residency will be accepted and that Community Village and its owners have the final and exclusive right to determine how long I can continue to reside at Community Village. Community Village does not discriminate on the basis of race, religion, color, national origin, sex, age, handicap, marital status, or sexual orientation.

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Applicant Signature

Date

Printed Name

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## Agreement

*This agreement does not create a life contract and does not constitute a long term lease.  
Nor is this document to be interpreted as establishing a life interest.  
Nor is it a sale of a life interest.*

This agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between the City Rescue Mission of Saginaw, a corporation, organized and existing under the laws of the State of Michigan, hereinafter sometimes called "the Landlord" and \_\_\_\_\_ sometimes hereinafter called "Resident".

In consideration of the mutual agreement contained herein, the parties consent to the following terms:

1. The landlord accepts \_\_\_\_\_ for residence and board in their facility at Saginaw, Michigan, known as "Community Village", according to the admission policies found in the *Residents' Manual*. I, \_\_\_\_\_, hereby acknowledge receipt of the *Residents' Manual*, copy of *Residents' Rights*, and *Residents' Responsibilities*.
2. The resident, guarantor, and/or attorney in fact under durable power of attorney, agrees to pay the charges monthly in advance by the fifth day of each month according to the type of accommodation arranged and scheduled rates per the attached fee schedule (this amount subject to change from year to year according to the decision of Community Village and its owners). These rates cover board, lodging, utilities, maintenance, and ordinary non-medical care. In addition, the Resident agrees to pay, by the fifth of the month, other expenses such as special nursing care and medical expenses incurred during the preceding month. Special arrangements can be made with the Administrator for those who cannot pay or who are waiting for SSI payments from the State of Michigan.
3. The Resident also agrees to the policies of discharge as found in the *Residents' Manual* as may be amended from time to time and acknowledges the right of Community Village to amend the *Residents' Manual* from time to time without notice.
4. The Resident authorizes any physician who has treated the undersigned Resident to disclose any medical information or treatment to the Landlord concerning the Resident. This authorization shall continue until revoked in writing. (*Authorization to Copy Medical Records* form attached)
5. The Resident accepts the condition of the premises at Community Village as now existing and by continued residence accepts all future changes in such condition.
6. This agreement may be terminated by either party as herein set forth. The Resident may vacate and leave Community Village at any time, but should notify the Landlord one week in advance of the date of the termination, if possible. Upon termination, Resident waives the right to a return to Community Village without a reapplication.
7. Community Village agrees to abide by and protect its "resident rights" as provided upon admission.

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8. Community Village residents agree to abide by the “resident responsibilities” as provided upon admission.
9. This agreement is the entire agreement between the parties, and it may not be changed or modified orally. This agreement shall be binding on the Resident, Responsible Relative/Party, attorney in fact, heirs, executors, administrators, distributors, successor, and assignees of the parties hereto.

IN WITNESS WHEREOF the parties have executed this instrument on the date written above.

## Witnesses: The City Rescue Mission of Saginaw

_____	_____	_____
Admissions Personnel Signature	Date	Printed Name
_____	_____	_____
Applicant Signature	Date	Printed Name
_____	_____	_____
Responsible/Relative/Party/Guarantor Signature	Date	Printed Name

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## Responsible-Party Agreement

1. I, \_\_\_\_\_, as attorney in fact, do hereby agree to act on behalf of \_\_\_\_\_ as his/her responsible party in connection with all aspects of his/her residency at Community Village, especially his/her personal affairs.
2. It is also understood that I, \_\_\_\_\_, am \_\_\_\_ / am not \_\_\_\_ personally responsible for payment of monies due for services rendered by Community Village. The Resident, guarantor, and/or attorney in fact, under durable power of attorney, agrees to pay the charges monthly in advance by the fifth day of each month according to the type of accommodation arranged. This amount is subject to change from year to year according to the decision of Community Village and its owners. These rates cover board, lodging, utilities, maintenance, and ordinary non-medical care. In addition, the Resident agrees to pay, by the fifth of the month, other expenses, such as special nursing care and medical expenses incurred during the preceding month. Special arrangements can be made with the Administrator for those who cannot pay or who were waiting for SSI payments from the State of Michigan.
3. I, \_\_\_\_\_, further agree to accept complete responsibility for this Resident's condition or accidents occurring during his/her absence from Community Village.
4. I agree to abide by the decision reached by the administration and resident-care committee of Community Village to move the resident, \_\_\_\_\_, when his/her physical condition declines, or causes discontent, or reaches the point where more intensive care is necessary. And I acknowledge that Community Village and its owners retain the exclusive and final right to determine if and when \_\_\_\_\_ no longer meets the residency requirements of Community Village. I also agree that when Community Village notifies me that \_\_\_\_\_ is no longer eligible for residency, I will remove \_\_\_\_\_ within 30 calendar days of receipt of such notice. Such notice shall be by first class mail addressed to my most recent address on this application.

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Responsible Party Signature

Date

Printed Name

## Resident Agreement

1. I release Community Village from any responsibility for any condition or accident occurring during my absence from Community Village, which absence is permitted or not permitted, or known by Community Village.
2. I approve of the foregoing and agree that \_\_\_\_\_ may act on my behalf and as my attorney in fact.

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Applicant Signature

Date

Printed Name

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Witness Signature

Date

Printed Name

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Witness Signature

Date

Printed Name

# Application for Admission

## Financial Information [CONFIDENTIAL]

Applicant Name \_\_\_\_\_

Responsible Party \_\_\_\_\_

Joint Statement with Spouse?  Yes;  No

1. Do you own a home?  Yes;  No

2. Do you own a business or farm?  Yes;  No

3. Is there a mortgage on your home?  Yes;  No

4. What is your average monthly income (from worksheet below)? \$\_\_\_\_\_

5. What is your average monthly expense total (from worksheet below)? \$\_\_\_\_\_

6. Is part of your income being used to support another person?  Yes;  No

If yes, provide: \_\_\_\_\_ \$\_\_\_\_\_

Name	Relationship	Amount
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Comments: \_\_\_\_\_

7. Do you have a financial manager?  Yes;  No

If yes, provide: \_\_\_\_\_

Name	Phone
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\_\_\_\_\_

Address	City/St/Zip
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8. Do you have a will?  Yes;  No

9. Do you have a living trust?  Yes;  No

If yes, provide: \_\_\_\_\_

Name of Trustee	Phone
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\_\_\_\_\_

Address	City/St/Zip
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10. Who will be responsible for payment of your bills?  Self;  Other

If other, provide: \_\_\_\_\_

Name	Phone
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\_\_\_\_\_

Address	City/St/Zip
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<b>Monthly Income: Source</b> (enter a monthly average if not received monthly)	<b>Amount</b>
Social Security	\$
Pensions	\$
Annuities	\$
Investment Earnings (interest, rent, dividends, etc.)	\$
Other	\$
<b>TOTAL INCOME</b>	\$

<b>Monthly Expenses: List all current monthly expenses</b> (enter a monthly average if not paid monthly or if amount varies)	<b>Amount</b>
Rent/Mortgage	\$
Utilities	\$
Insurance	\$
Credit Cards / Loans	\$
Medical / Dental (not covered by insurance)	\$
Other	\$
<b>TOTAL EXPENSES</b>	\$

**Cash Assets** (checking accounts, passbook savings, CDs, etc.)

Name of Institution	Account Type	Signature on Account	Amount
			\$
			\$
			\$

**Securities** (stocks, bonds, real estate, other)

Description	Current Value
	\$
	\$

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I further understand that any deliberate falsification of information will void this application and cancel any consideration for subsidy and/or residency. I understand that only fully completed applications will be considered for residency.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_