



Application for Admission

Date _____

Name _____

Phone _____ Age _____ Date of Birth _____

Current Address _____ City/St/Zip _____

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

Name of Spouse _____ Phone _____

Address (if living) _____ City/St/Zip _____

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 _____

Application for Admission

Insurance

Primary Insurance Plan

Medicare Number _____ Medicaid Number _____

Managed Medicare Number _____ Medicaid Case Number _____

Social Security Number _____

Other Insurance Plans

Name of Insurance _____ Service Code _____

Contract Number _____ Plan Code _____

Group Number _____

Veterans Number and Status _____

Medical Information

Physician's Name _____ Phone _____

Address _____ City/St/Zip _____

Years with this physician _____ Previous Physician _____

Funeral Arrangement Information

Funeral Director _____ Phone _____

Address _____ City/St/Zip _____

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.

Applicant/Legal Representative Signature

Date

Printed Name

Application for Admission

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 Community Village 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.

Application for Admission

7. Community Village agrees to abide by and protect its “resident rights” as provided upon admission.
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: Community Village of Saginaw

Admissions Personnel Signature

Date

Printed Name

Applicant/Legal Representative 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. Is there a mortgage on the home?? ☐ Yes; ☐ No

3. Do you own a business or farm? ☐ 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

Comments: _____

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

If yes, provide: _____
Name Phone
_____ Address City/St/Zip

8. Do you have a will? ☐ Yes; ☐ No

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

_____ Name of Trustee Phone
_____ Address City/St/Zip

10. Who will be responsible for payment of your bills? ☐ Self; ☐ Other

_____ Name Phone
_____ Address City/St/Zip

Application for Admission

Monthly Income: Source (enter a monthly average if not received monthly)	Amount		
Social Security	\$		
Pensions	\$		
Annuities	\$		
Investment Earnings (interest, rent, dividends, etc.)	\$		
Other	\$		
TOTAL INCOME	\$		
Monthly Expenses: List all current monthly expenses (enter a monthly average if not paid monthly or if amount varies)	Amount		
Rent/Mortgage	\$		
Utilities	\$		
Insurance	\$		
Credit Cards / Loans	\$		
Medical / Dental (not covered by insurance)	\$		
Other	\$		
TOTAL EXPENSES	\$		
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/Legal Representative Signature _____ Date _____