

Pre-Admission Application

CHANDLER HALL

Serving since 1973

Your Care is Our Calling | Living the Quaker Tradition
chandlerhallhealthservices.org

99 Barclay Street Newtown, PA 18940 267-291-2300 FAX 267-291-2301

This is not an agreement and is issued for information only. PLEASE PRINT.

PERSONAL INFORMATION

DATE: _____

POTENTIAL RESIDENT (Circle: Male Female)

Name _____
Last First Middle

Nickname: _____

Legal Home ADDRESS: _____

City _____ State _____ Zip _____

Telephone Number (____) _____

Birth Date ____/____/____
month day year

Social Security _____ - _____ - _____ Medicare # _____

Marital Status:

Single

Married

Partner

Divorced

Separated

Widowed

Year Widowed: _____

Areas Interested in:

The Residences at Lenroc

Cottages or Lofts

Manor House
Personal Care

Secured Memory
Residence Personal Care

Respite

Friends Nursing Home

PRIMARY INSURANCE: Check One Medicare ; Medicare HMO/PPO (i.e. Keystone 65) ; Other

If Other, Name _____ Policy # _____ Group # _____

Telephone # _____ Subscriber _____

SECONDARY INSURANCE: Name _____ Policy # _____ Group # _____

Telephone # _____ Subscriber _____

Have Advance Directives/Living Will been completed? YES NO

Has a durable medical power of attorney been designated? YES NO

Name _____ Telephone # _____

Has a durable financial power of attorney been designated? YES NO

Name _____ Telephone # _____

**COPIES OF THE LIVING WILL AND
POWER OF ATTORNEY LEGAL DOCUMENTS
MUST BE PROVIDED.**

Current Physician: _____ Telephone # _____

Hospital Preferred: _____

Most Recent Hospitalization: _____

Date _____ Place _____

Reason _____

How did you hear about Chandler Hall? Website Social Media Resident Employee
 Hospital Physician Word of Mouth Live Locally Social Worker

Other Chandler Hall Program, please list: _____ Newspaper, please list: _____

Other, please list: _____

EMERGENCY INFORMATION: (Please Print) List two people to notify in case of emergency.

Name _____	Relation _____	Name _____	Relation _____
Address _____		Address _____	
Home Phone # _____		Home Phone # _____	
Work _____		Work _____	
Cell Phone #: _____		Cell Phone #: _____	
Email: _____		Email: _____	

(Optional)
 Religion/Affiliation: _____ Place of Worship: _____
 Pastor/Rabbi: _____ Telephone Number: (____) _____

LIVING ARRANGEMENT PRIOR TO ADMISSION: Home Alone Home Alone with Caregiver Home with Home Health
 Home with Family Assisted Living/Personal Care Home Nursing Home Home and attending Adult Day Program
 Home and attending Senior Center Other(Explain) _____

PERSONAL HISTORY

Reason for coming to Chandler Hall (your expectations):

Life Review: **Where Born/Raised:** _____ **Marriage History:** _____
Children: _____ **Grandchildren:** _____
Work/Occupation: _____
Education: Less than 12 High School Graduate Some College College Graduate
 Post Graduate Unknown
Life interests/Accomplishments/Special life events: _____

RECREATION: (Check Preferences) Cards/Other Games Crafts/Arts Exercise/Sports Music
 Reading/Writing Nature Gardening
 Houskeeping/Cooking Needlework/Sewing Trips/Shopping
 Spiritual/Religious Activities Photography Watching TV
 Walking/Wheeling Outdoors Collections Travel
 Other: _____

If pre planned Funeral arrangements have been made please complete:

Name of Funeral Home: _____ **Phone** _____
Address: _____ **City** _____ **State** _____ **Zip** _____

If pre planned Funeral arrangements have not been made, who would make arrangements? _____

FINANCIAL INFORMATION
Financial institute documents are required in order to process the application.

Name _____ Date: _____

Marital Status: Single Separated Married Partner Divorced Widowed

ASSETS

Name of Bank _____ Balance \$ _____ Account: Single Joint
If joint, list other names _____

Name of Bank _____ Balance \$ _____ Account: Single Joint
If joint, list other names _____

Stocks & Bonds If yes, list current holdings _____ \$ _____ Account: Single Joint
_____ \$ _____ Account: Single Joint
_____ \$ _____ Account: Single Joint

Real Estate _____ \$ _____ Ownership: Single Joint
If joint, list other names _____

Is Real Estate currently on market? Yes No Has it been appraised? Yes No

Current Occupant/Relationship _____

Real Estate _____ \$ _____ Ownership: Single Joint
If joint, list other names _____

Is Real Estate currently on market? Yes No Has it been appraised? Yes No

Current Occupant/Relationship _____

Other Assets (please describe nature of other assets and whether ownership is single or joint:

_____ \$ _____

(Use additional paper to list any additional assets)

Total Assets: \$ _____

LIABILITIES

Please describe nature of any liabilities: _____ \$ _____

Total Liabilities: \$ _____

INCOME (Monthly or Monthly average of regular income)

Social Security \$ _____ Annuities \$ _____ Pension \$ _____

Interest Dividends \$ _____ VA Benefit or Other \$ _____ Other \$ _____

Long Term Care Insurance: Circle one: Yes No **Total Monthly Income: \$** _____

How do you expect to pay for care now? _____

In three years? _____

How do you expect to pay for changes in level of care/needs? _____

Chandler Hall services do not include guaranteed life care as reflected by Fee Schedules. Fee Schedules are available upon request. Transfers between levels of care are on a space-available basis and subject to approved assessment process.

I confirm that the above information is complete and correct.

Signature of Applicant/Date

Signature of Person Completing Form for Applicant/Date

COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED FOR APPROVAL OF ADMISSION/MOVE-IN.

- Health Insurance Cards (Front and Back)
- COVID Vaccination/Booster Card
- Photo ID
- Bank Statements with Verification of Monthly Income
- Financial Statements Verifying Assets
- Power of Attorney
- Living Will

Thank you for completing this application. There is no fee to submit this application to Chandler Hall. Please return this application to Chandler Hall by email/scan, mail, fax or in-person. For questions please contact your Admissions representative.

Date _____ Signature of Applicant: _____

If applicant is unable to sign, signature of Responsible Party: _____

Relationship to Applicant: _____ Date: _____

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