

# Pre-Admission Application

PLEASE PRINT

# CHANDLER HALL

Serving since 1973

Your Care is Our Calling | Living the Quaker Tradition

www.chandlerhallhealthservices.org

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

## PERSONAL INFORMATION

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

POTENTIAL RESIDENT (Circle: Male Female Other)

Name \_\_\_\_\_  
Last First Middle

Nickname: \_\_\_\_\_

Legal Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Social Security \_\_\_\_-\_\_\_\_-\_\_\_\_

Medicare# \_\_\_\_\_

Marital Status:

Single

Married

Partner

Divorced

Separated

Widowed

Year Widowed: \_\_\_\_\_

### Areas Interested In:

Independent Living at Lenroc

Independent Living Cottages or Lofts

Personal Care

Secured Memory Care

Respite

Friends Nursing Home

Primary Insurance: (Check one)  Medicare  Medicare HMO/PPO (i.e. Keystone65)  Other

Name \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Telephone # \_\_\_\_\_ Subscriber \_\_\_\_\_

Secondary Insurance:

Name \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Telephone # \_\_\_\_\_ Subscriber \_\_\_\_\_

Have Advanced Directives/Living Will been completed?  Yes  No

Has durable medical power of attorney been designated?  Yes  No

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Has 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: \_\_\_\_\_

**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)

Religious Affiliation: \_\_\_\_\_ Place of Worship: \_\_\_\_\_  
Pastor/Rabbi: \_\_\_\_\_ Telephone # \_\_\_\_\_

**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     Attending Adult Day Program
- Attending Senior Center     Other \_\_\_\_\_

**Personal History:**

Reason for coming to Chandler Hall (your expectations): \_\_\_\_\_

Where were you 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 your Preferences)

- Cards/Games     Cooking     Crafts/Art     Dancing     Exercise/Sports
- Gardening     History     Music     Nature     Needlework/Sewing
- Photography     Reading/Writing     Spiritual/Religious Activities
- Travel     Trips/Shopping     Walking/Wheeling Outdoors     Watching TV
- Movies: *Favorite Theme:* \_\_\_\_\_  Other: \_\_\_\_\_

**Yes, I have pre-planned Funeral Arrangements**

Name of Funeral Home: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

**No, I do not have pre-planned Funeral Arrangements.** Who will plan? \_\_\_\_\_

# FINANCIAL INFORMATION

Financial institute documents are **REQUIRED** in order to process the information.



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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 and Bonds \_\_\_\_\_ \$ \_\_\_\_\_ Account:  Single  Joint

If yes, list current holdings \_\_\_\_\_ \$ \_\_\_\_\_ Account:  Single  Joint

\_\_\_\_\_ \$ \_\_\_\_\_ Account:  Single  Joint

Real Estate \_\_\_\_\_ \$ \_\_\_\_\_ Ownership:  Single  Joint

If joint, list other names \_\_\_\_\_

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

Current Occupant/Relationship: \_\_\_\_\_

Have any assets/property been gifted, transferred or sold within the last 5 years?  Yes  No

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*)
- **Photo ID**
- **Bank Statements with Verification of Monthly Income**
- **Financial Statements Verifying Assets**
- **Power of Attorney**
- **Living Will**

Thank you for completing the 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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**How did you hear about Chandler Hall?**

- Website                       Social Media
- Hospital                         Physician
- Word of Mouth                 Live Locally
- Social Worker                 Google Search
- Chandler Hall Hospice
- Chandler Hall Palliative Care
- Resident/Former Resident Family
- Employee/Former Employee
- Other: \_\_\_\_\_
- Other Chandler Hall Program



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