



VALLEY VIEW HAVEN

Valley View Retirement Community
 Malta Home Retirement Community

COTTAGE ADMISSION APPLICATION

Valley View Retirement Community

4702 East Main Street
 Belleville, PA 17004
 PH: (717) 935-2105 • Fax: (717) 935-5109

Malta Home Retirement Community

105 Malta Drive
 Granville, PA 17029
 PH: (717) 248-3988 • Fax: (717) 248-2780

APPLICATION FOR A COTTAGE AT :

Valley View Retirement Community _____
 Belleville, PA

Malta Home Retirement Community _____
 Granville, PA

Willing to accept a cottage at either campus _____

The information asked for in this application is needed to evaluate the applicant's request for residency. All information will be considered by the Admissions Committee and will be held in strict confidence. The acceptance of this application does **not** bind either party to admission. Failure to complete the application in its entirety could result in denial of consideration for admission. When two individuals apply together, a separate application must be completed for each one.

A \$500 application fee must accompany the application(s). \$400 of the application fee will be credited toward your entrance fee payment. The remaining \$100 is a non-refundable application processing fee.

Type of Accommodation Preferred:	
<u>Valley View Retirement Community</u>	<u>Malta Home Retirement Community</u>
A Style Cottage _____	A Style Cottage _____
C Style Cottage _____	B Style Cottage _____
D Style Cottage _____	

I desire residency: Immediately: _____ At a later date _____ (*applicant must contact us in the future*)

Valley View Haven Cottage Application

Desired date of residency: _____

Do you plan to bring a vehicle? Yes _____ No _____ If yes, how many vehicles (*limit of two*)? _____

How did learn of our retirement communities? _____

I. Demographics Section 1:

Applicant's Name: _____ Gender: _____
Last First Middle Title Suffix

Current Address: _____
Street Town State Zip Code

Telephone No.: _() _____ Years at current address: _____

Marital Status: Single _____ Married _____ Widowed _____
Date Date

Divorced _____ Separated _____
Date Date

Date of Birth: _____ Age: _____ Social Security No.: _____

II. Demographics Section 2:

Spouse's Name: _____ Telephone No.: _() _____

Spouse's Address: _____
Street Town State Zip Code

Church Name: _____ Religious Denomination: _____

Pastor's Name: _____ Pastor's Telephone No.: _() _____

Pastor's Address: _____
Street Town State Zip Code

Birthplace: _____ Citizen of: _____

Language: _____ Maiden Name: _____

Veteran? _____ Military Branch: _____ Years of Service _____

Education (Highest): _____ Former or Present Occupation: _____

List Your Current Hobbies, Talents, or Special Interests: _____

Prepaid Burial Reserve:

Name of Financial Institution: _____

Dollar Amount Reserved: _____ Is the Agreement irrevocable? Yes _____ No _____

Funeral Home: _____ Telephone No.: _____

Funeral Home Address:

_____ Street Town State Zip Code

Living Will? Yes _____ No _____ (Please provide copy upon admission)

II. Demographics Section 2 (Continued):

EMERGENCY CONTACTS:			
First Contact (First person notified in case of an emergency):			
Name:		Home Phone No.:	
Address:		Work Phone No.:	
Address:		Cell Phone No.:	
Relationship (e.g., Daughter/POA, Guardian):			
Second Contact (Notified When the First Contact Cannot Be Reached):			
Name:		Home Phone No.:	
Address:		Work Phone No.:	
Address:		Cell Phone No.:	
Relationship (e.g., Daughter/POA, Guardian):			
Third Contact (Notified When the First & Second Contacts Cannot Be Reached):			
Name:		Home Phone No.:	
Address:		Work Phone No.:	
Address:		Cell Phone No.:	
Relationship (e.g., Daughter/POA, Guardian):			
OTHER CONTACTS:			
Name:		Home Phone No.:	
Address:		Work Phone No.:	
Address:		Cell Phone No.:	
Relationship (e.g., Daughter/POA, Guardian):			
Name:		Home Phone No.:	
Address:		Work Phone No.:	
Address:		Cell Phone No.:	
Relationship (e.g., Daughter/POA, Guardian):			

III. Insurance Information:

- Are you enrolled in Medicare? Yes _____ No _____ Medicare No.: _____
 Part A (*Hospitalization*)? Yes _____ No _____ Part B? Yes _____ No _____
- Are you enrolled in a Medicare HMO? Yes _____ No _____

Valley View Haven Cottage Application

Name of HMO _____ Phone: _(____)_____

HMO Id. No.: _____ Primary Care Physician: _____

3 Do you have Medi-Gap Coverage (for example, Blue Cross Security 65?) Yes _____ No _____

Name of Company: _____ Insured's ID No.: _____

Plan Type (circle one): A B C H Group No., if any: _____

4 Do you have Medicare Prescription Drug Coverage? Yes _____ No _____

Name of Company: _____ Insured's ID No.: _____

5 Do you receive Medical Assistance? Yes _____ No _____ County: _____

Med. Assistance Recipient No.: _____ Expiration Date: _____

6 Do you have other Health Insurance Coverage? Yes _____ No _____ Policy No.: _____

Name of Company: _____ Telephone: _(____)_____

7 Do you have Long Term Care Insurance? Yes _____ No _____ Policy No.: _____

Name of Company: _____ Telephone: _(____)_____

IV. Financial Information (Please use whole dollar figures only):

A. Assets **:	Amount	Bank Name (if bank account)	Owners
Market Value of Real Estate*	\$ _____	_____	_____
Checking Accounts	\$ _____	_____	_____
Saving Accounts	\$ _____	_____	_____
Certificates of Deposit	\$ _____	_____	_____
Stocks & Bonds	\$ _____	_____	_____
Mutual Funds	\$ _____	_____	_____
Debts Others Owe to You	\$ _____	_____	_____
Other: _____	\$ _____	_____	_____
Other: _____	\$ _____	_____	_____
Other: _____	\$ _____	_____	_____

* The market value of Real Estate is based on: _____ Appraisal _____ Your Estimate

V. Financial Information (Continued -Please use whole dollar figures only):

B. Liabilities **:	Amount	Bank Name (if bank debt)
Mortgages on Real Estate	\$ _____	_____
Outstanding Loans or Notes	\$ _____	_____
Other: _____	\$ _____	_____
Other: _____	\$ _____	_____

Other: _____ \$ _____

<u>C. Monthly Income**:</u>	<u>Amount</u>
Social Security	\$ _____
Pension or Retirement	\$ _____
Annuities	\$ _____
Interest & Dividends	\$ _____
Rental Income	\$ _____
Supplemental Security Income	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

D. Have any of your assets been transferred to other individuals or organizations within the past five (5) years? Yes _____ No _____ If yes, please indicate what was transferred, who the resources were transferred to, and the value or amount transferred (*please attach sheet*).

***Supporting documentation (such as tax returns and/or bank statements) may be requested.*

VI. Medical Information

A. Hospital and Physicians:

1. Hospital Preference:

- _____ Lewistown Hospital
- _____ J.C. Blair Memorial Hospital
- _____ Mount Nittany Medical Center

2. Ambulance Company: _____

3. Physician's Name: _____ Telephone: ()

Address: _____

B. Personal Health History:

In order that our Medical Director be fully advised as to our Applicant's Health Status, it is necessary to submit the following information. (At a later date, you will be given a more comprehensive medical report to be filled out by your doctor). The Admission Committee realizes that all applicants have had various illnesses in the course of their lives: however, acceptance of an applicant is not conditioned on perfect health.

1. Estimate, in your own words, the condition of your health. _____

2. List all chronic diseases (heart, diabetes, kidney, etc.) and the date of onset:

Valley View Haven Cottage Application

Diseases

Date

_____	_____
_____	_____
_____	_____

3. Specify any physical limitations or deformities (glasses, hearing aid, arthritis, etc.)

4. Describe any allergies, including reaction to drugs. _____

5. List all major surgical operations and dates. _____

6. List all hospitalizations within the last 10 years. _____

7. Please describe any special dietary requirements? _____

Valley View Haven Cottage Application

8. Are you presently under special medical care? Yes _____ No _____ If yes, please describe:

9. What medications, including vitamins, are you now taking?

10. Are you able to live an independent life style without requiring help of any kind?

Yes _____ No _____ If no, please describe the kind of help you need:

I understand that Valley View Haven retains the right to accept or reject any application consistent with the law. I certify that all of the information submitted on this application is true and correct, and I understand the submission of false information may constitute grounds for rejection of this application or my discharge after admission.

Date

Signature of Applicant