



**Kidron Bethel
VILLAGE**
APPLICATION FOR RESIDENCY

Suderman Centre for Assisted Living

Completed application and
\$300 application fee

Date received _____ Time _____

Check # _____

Bethel Health Care Centre

Completed application and
\$300 application fee

Date received _____ Time _____

Check # _____

Please complete the following application and submit with your application fee. Fee is waived for persons who previously paid a \$1,000 residency application fee. The health care application fee may be applied toward the assisted living application fee. All information will be held in confidence. Admission and services are provided without regard to race, creed, color, national origin, religion, sex, ancestry and disability. No smoking is permitted in any building or residence on the Kidron Bethel Village campus.

PERSONAL INFORMATION:

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY/ST _____ ZIP _____

TELEPHONE _____ SS# _____

BIRTH PLACE city/county/state _____ BIRTHDATE _____

SS# _____

US CITIZEN YES NO MILITARY SERVICE _____ MARITAL STATUS _____

SPOUSE'S FULL NAME _____

EMERGENCY NOTIFICATION (person listed first will be first contacted):

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE home _____ work _____ cell _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE home _____ work _____ cell _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE home _____ work _____ cell _____

RELIGIOUS INFORMATION:

RELIGIOUS AFFILIATION _____ CHURCH NAME _____

CLERGY NAME _____ TELEPHONE _____

ADDRESS _____ CITY/ST _____ ZIP _____

FUNERAL HOME _____ TELEPHONE _____

ADDRESS _____ CITY/ST _____ ZIP _____

MEDICAL INFORMATION:

DIAGNOSES _____
KNOWN ALLERGIES _____

ATTENDING PHYSICIAN _____ TELEPHONE _____
ADDRESS _____ CITY/ST _____ ZIP _____

DENTIST _____ TELEPHONE _____

PHARMACY _____ TELEPHONE _____

HOSPITAL PREFERENCE _____

INSURANCE INFORMATION:

MEDICARE NUMBER _____

SECONDARY INSURANCE CO. _____ NUMBER _____

LONG-TERM CARE INS. CO. _____ NUMBER _____

PAYS FOR ASSISTED LIVING? YES _____ NO _____

DAILY BENEFIT AMOUNT \$ _____

LEGAL INFORMATION:

RESPONSIBLE PARTY _____ TELEPHONE _____
ADDRESS _____ CITY/ST _____ ZIP _____

POWER OF ATTORNEY FOR HEALTH CARE DECISIONS YES _____ NO _____
NAME _____ TELEPHONE _____

ADDRESS _____ CITY/ST _____ ZIP _____

POWER OF ATTORNEY FOR FINANCIAL DECISIONS YES _____ NO _____
NAME _____ TELEPHONE _____

ADDRESS _____ CITY/ST _____ ZIP _____

CONSERVATOR YES _____ NO _____

NAME _____ TELEPHONE _____

ADDRESS _____ CITY/ST _____ ZIP _____

TRUST YES _____ NO _____

FINANCIAL DATA

**To process your application, the following information is needed.
The information supplied is strictly confidential.**

ASSETS:

Bank Deposits	
Checking.....	\$ _____
Passbook or Time Deposit.....	\$ _____
Savings Accounts.....	\$ _____
Certificates of Deposit.....	\$ _____
Savings and Loan Associations	
Passbook.....	\$ _____
Certificates of Deposit.....	\$ _____
Stocks and Bonds (attach list).....	\$ _____
Approximate Current Value.....	\$ _____
Funds in Trust.....	\$ _____
Real Estate.....	\$ _____
Life Insurance (cash value).....	\$ _____
Other Assets.....	\$ _____
Total Assets.....	\$ _____

LIABILITIES:

Home Mortgage (Remaining Balance).....	\$ _____
Installment Payments (Remaining Balance).....	\$ _____
Other.....	\$ _____
Total Liabilities.....	\$ _____
Net Assets less Liabilities (Net Worth).....	\$ _____

MONTHLY INCOME

Social Security (Amount of Check(s)).....	\$ _____
Private Pension (s).....	\$ _____
Annuities.....	\$ _____
Life Estate.....	\$ _____
Interest Income (s).....	\$ _____
Trust Income (s).....	\$ _____
Other (Explain).....	\$ _____
Total Monthly Income.....	\$ _____

I make this application for residency of my own free will and accord. I declare the answers to the foregoing questions to be true, full and complete to the best of my knowledge. Information may be released to Kidron Bethel Retirement Services by above sources to verify statements and references given in this application.

Date _____ Signature _____

Staff Only:

Application Approved _____ Signature _____
Not Approved _____
Explanation _____