

THANK YOU FOR YOUR INTEREST IN BECOMING A *Diakon Senior Living* RESIDENT.

The information on this form is needed for consideration and evaluation of the applicant's request for admission. All information will be held in strict confidence. The acceptance of this form does not bind either party to admission. **Failure to complete the application in its entirety could result in denial of consideration for admission.** If you are completing the application on behalf of another individual, please answer each question with regard to the applicant.

Please note: In addition to this application, you will also be provided with a Financial Application and a Physician's Medical Report, both of which must be completed for consideration of admission.

LIFESTYLE OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Post-Acute (Short-Term Rehab) |
| <input type="checkbox"/> Personal Care or Assisted Living | <input type="checkbox"/> Long-Term Care (Skilled Nursing) |
| <input type="checkbox"/> Memory Care | |

COMMUNITY OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Buffalo Valley Lutheran Village
<i>189 E. Tressler Boulevard, Lewisburg, PA 17837</i> | <input type="checkbox"/> Luther Crest
<i>800 Hausman Road, Allentown, PA 18104</i> |
| <input type="checkbox"/> Cumberland Crossings
<i>1 Longsdorf Way, Carlisle, PA 17015</i> | <input type="checkbox"/> The Lutheran Home at Topton
<i>One South Home Avenue, Topton, PA 19562</i> |
| <input type="checkbox"/> Diakon Senior Living in Hagerstown
<i>Ravenwood, 1183 Luther Drive, Hagerstown, MD 21740</i>
<i>Robinwood, 19800 Tranquility Circle, Hagerstown, MD 21742</i> | <input type="checkbox"/> Manatawny Manor
<i>30 Old Schuylkill Road, P.O. Box 799, Pottstown, PA 19465</i> |
| <input type="checkbox"/> Frey Village
<i>1020 North Union Street, Middletown, PA 17057</i> | <input type="checkbox"/> Ohesson
<i>276 Green Avenue, Lewistown, PA 17044</i> |
| | <input type="checkbox"/> Twining Village
<i>280 Middle Holland Road, Holland, PA 18966</i> |

PERSONAL INFORMATION

Applicant's Name: _____ Social Security #: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Birthplace: _____

Former/Current Occupation: _____

Present Marital Status: Single Married Widowed Divorced

Present Housing (private home, condo, apartment, etc.): _____

Do you have a car that will be kept on the premises? Yes No Make/Model: _____

Are/were you or your spouse a veteran? Yes No Branch: _____

Applicant's Primary Care Physician's Name: _____

Address: _____ Phone Number: _____

Current Medical Conditions: _____

Recent Hospitalizations: _____

CO-APPLICANT PERSONAL INFORMATION

Name: _____ Social Security #: _____

Cell Phone (if different from above): _____

Date of Birth: _____ Birthplace: _____

Former/Current Occupation: _____

Primary Care Physician's Name: _____

Address: _____ Phone Number: _____

Current Medical Conditions: _____

Recent Hospitalizations: _____

POWER OF ATTORNEY/GUARDIAN (if applicable)

Guardian Power of Attorney (check one)

Name: _____ Relationship: _____

Spouse's Name: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

LIVING WILL/ADVANCED DIRECTIVE Yes No (if yes, please attach copy)

MEDICAL POWER OF ATTORNEY (if applicable)

Name: _____ Relationship: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

PRIMARY CONTACTS/FAMILY MEMBERS

1. Name: _____ Relationship: _____

Spouse's Name: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Spouse's Name: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

ESTIMATED MONTHLY INCOME: _____

ESTIMATED HOME VALUE: _____

ESTIMATED MONTHLY LIABILITIES: (mortgages, reverse mortgages, credit cards, etc.)

If someone other than the applicant has completed this application, please indicate below.

Name: _____ Relationship: _____

If you were referred to Diakon Senior Living by someone you know, please indicate below.

Name: _____ Relationship: _____

ADMISSION POLICY

Diakon Lutheran Social Ministries is a multi-service, not-for-profit organization committed to offering active seniors the opportunity to enjoy a fulfilling lifestyle in attractive and affordable accommodations, as well as a continuum of health care services and community-based programs.

MISSION STATEMENT

In response to God's love in Jesus Christ, Diakon Lutheran Social Ministries will demonstrate God's command to love the neighbor through acts of service.

POLICY STATEMENT OF NON-DISCRIMINATION IN ADMISSION AND SERVICES

It is the policy of Diakon Lutheran Social Ministries to operate each of its facilities and programs and provide services without regard to race, religion, color, national origin, ancestry, age, sex, handicap or disability. No person shall be excluded from participation in, be denied the benefits of or otherwise be subjected to discrimination in the provision of any care or service because of race, religion, color, national origin, ancestry, age, sex, handicap or disability. There shall be no segregation of facilities or services in the provision of service for reasons of race, religion, color, national origin, ancestry, age, sex, handicap or disability (except that required for related care).

This non-discrimination policy applies to applicants, patients, clients, physicians, service personnel and other independent contractors. Persons and organizations having occasion to refer individuals for admission or service, or to recommend any facility, program or service of Diakon Lutheran Social Ministries, are advised to do so without regard to the individual's race, religion, color, national origin, ancestry, age, sex, handicap or disability.

I/we certify that I/we have read the admission policy of Diakon Lutheran Social Ministries or have had it explained to me/us, and apply for admission with the understanding that these conditions will apply as resident(s).

Applicant's Signature

Power of Attorney or Nearest Relative's Signature

Co-Applicant's Signature

Power of Attorney or Nearest Relative's Signature

OFFICE USE ONLY

Date application was received: _____

Application received by: _____