

APPLICATION

How to Apply

This form is all that is required to start the application process to any of Messiah Village's accommodations and services. Upon final approval, additional paperwork will be required. There is no application fee.

1. Complete the entire application and return it to the Welcome Center at Messiah Village. Couples should submit a separate application for each person. Photocopies are acceptable. For additional copies, call **717-790-8201** or visit **MessiahVillage.org**. Once complete, please send one application per person to:

Welcome Center at Messiah Village • 100 Mt. Allen Drive • Mechanicsburg, PA 17055 or fax it to 717-795-7695

2. After the application is received and reviewed, the qualified applicant's name will be placed on our applicant list. Approval is based on a medical, financial and social screening. Applicants will be contacted based on their application date, desired move-in time and availability of desired accommodations.
3. A nonrefundable reservation fee is due when a specific accommodation is reserved. See the rate schedule for the number of days a residence will be held after the reservation fee is paid. (Not applicable to those whose payer source is Medicare or Medicaid).

Applicant name _____ Date of birth _____ Age _____ Sex _____
Street address _____ City _____
State _____ Zip Code _____ Phone # () _____
Cell # () _____ Email _____

Marital status _____ Spouse's name _____

Current/former occupation _____ Education _____

Are you living alone? Yes No If no, with whom are you living (name & relationship) _____

Please list any major or chronic medical conditions (optional for Residential Living applicants)

Physician's name _____ Phone # () _____

Emergency Contacts: (please attach a separate sheet if you would like to list more than 3 contacts).

1. Name _____ Relationship _____ Power-of-attorney? Yes No
Street address _____ City _____ State _____ Zip Code _____
Home # () _____ Work # () _____ Cell # () _____

2. Name _____ Relationship _____ Power-of-attorney? Yes No
Street address _____ City _____ State _____ Zip Code _____
Home # () _____ Work # () _____ Cell # () _____

3. Name _____ Relationship _____ Power-of-attorney? Yes No
Street address _____ City _____ State _____ Zip Code _____
Home # () _____ Work # () _____ Cell # () _____

More on back.....

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Do you have an Advance Directive (Living Will)? Yes No

Social Security # _____ Medicare # _____

Secondary medical insurance (Medicare supplement) or HMO name _____

Contract/Identification # _____ Group# _____

Prescription drug plan _____ Phone # () _____

Private long-term care insurance coverage (Company Name) _____

Daily benefit _____ Length of coverage _____

This entire section must be complete in order for the application to be processed.

Please indicate applicant's monthly income:

Social Security: \$ _____

Pension/Retirement: \$ _____

Interest income: \$ _____

Other _____ : \$ _____

(specify type)

TOTAL: \$ _____

Note: A more detailed financial disclosure form and supporting documents will be required prior to admission.

Please indicate applicant's net worth:

Real Estate: \$ _____

Savings/Checking: \$ _____

Cert. of Deposit: \$ _____

Investments: \$ _____

Other _____ : \$ _____

(specify type)

Subtract liabilities \$ _____

(mortgages, loans):

TOTAL: \$ _____

Jointly owned

yes no

yes no

yes no

yes no

yes no

Have you gifted/sold any assets or real estate at less than fair market value in the last 5 years? If yes, provide details:

The application is being submitted for: (please check one)

Residential Living (Apartments & Cottages)

Enhanced Living (Personal Care)

Enhanced Living Respite (Personal Care)

Nursing Care

Nursing Care (Transitional Care)

Name of floor plan(s) desired for Residential or Enhanced Living only:

Desired date of admission:

Applicant (or person completing form on applicant's behalf):

Date

(Signature)



-Messiah Village welcomes all regardless of race, color, sex, religion, familial status, disability or national origin.
-Admission for residential living is limited to adults age 62 or older. Messiah Village is a smoke-free community.

100 Mount Allen Drive • Mechanicsburg, PA 17055 • Phone (717)790-8201 • Fax (717) 795-7695

Email: life@messiahvillage.org Website: MessiahVillage.org

FOR OFFICE USE ONLY

REVIEW DATE _____ REVIEWED BY _____ APPROVED DENIED PENDING

LEVEL OF LIVING _____ FLOOR PLAN(S) _____

NOTES _____