



PAUL'S RUN

Live Life to the Fullest

APPLICATION FOR ADMISSION

- ASSISTED LIVING
- SKILLED NURSING
- SHORT-TERM REHABILITATION
- RESPITE STAYS
- HOSPICE CARE

Please Return to the Admissions Office:

Michael Booth, *Director of Marketing*, mbooth@libertylutheran.org

Phone: **(215) 934-3011**

Erika Lostaunau, *Admission Counselor*, erikal@paulsrun.org

Phone: **(215) 934-3074**

Fax: (215) 464-2908

Paul's Run Retirement Community

9896 Bustleton Avenue

Philadelphia, PA 19115





Entrance Procedure

If you are prepared to take residency sometime within the next 30 days:

- a. Contact the Admissions Office to discuss eligibility criteria.
- b. Complete and submit forms 1 and 2 of the Application for Admission and return to the attention of the Admissions Office with your check made payable to Paul's Run in the amount of \$300. If you are applying with a spouse, two applications must be completed and the processing fee is \$450. There is no processing fee for Short Term Rehabilitation Stays.
- c. Your personal physician must complete and forward the medical evaluation form for Personal Care residents to the Admissions Office. Medical evaluation forms are available in the Admissions Office.
- d. You will be contacted to set-up an evaluation meeting with the Admission Committee.
- e. Confirm admission date and move-in arrangements with the Admissions Office.

Future Occupancy and Procedure for Wait List Status

Paul's Run's waiting list is growing substantially because of the limited openings each year. Although openings can sometimes develop sooner than expected for a number of reasons, it is recommended that you apply in advance.

- a. Contact the Admissions Office to discuss eligibility criteria.
- b. Complete and submit forms 1 and 2 of the Application for Admission and return to the attention of the Admissions Office with your check made payable to Paul's Run in the amount of \$300 or \$450 for a couple.
- c. Your personal physician must complete and forward the medical evaluation form for Personal Care residents to the Admissions Office.
- d. A Wait List number will be assigned prior to admission with notation of the desired move-in time frame.
- e. Wait List Applicants will be notified in the order of reservation number when a unit is expected to become available.
- f. Applicants will have 48 hours to accept a unit. For Assisted Living, if the wait period has been more than 60 days, an updated medical evaluation will be required.
- g. If you are not ready to proceed with the Entrance Procedure, then the next Wait List applicant will be notified. You may decline three available units before being moved to the end of the Wait List.

PAUL'S RUN ADMISSION APPLICATION: PERSONAL INFORMATION

FORM 1

Please Print

Applicant's Full Name _____

Street Address _____

City _____ County _____ State _____ Zip _____

Telephone Number (____) _____ Alternate Telephone Number (____) _____

Social Security Number _____

Medicare Number _____

Secondary Insurance _____

Account/Policy Number _____

Other Insurance Provider _____

Account/Policy Number _____

Prescription Plan Yes No

Name _____

Account/Policy Number _____

Access Number _____

PACE Number _____

Current Living Status

Home With no home health services With home health services

Hospital Name _____

Nursing or Personal Care Home Name _____

Other _____

Approximate date you wish to enter Paul's Run _____

How did you hear about Paul's Run? Self Friends Church Family
 Paul's Run Staff Social Service Physician
 Advertisement Other

Personal Information

Age _____ Date of Birth _____ Place of Birth _____

US Citizen? Yes No

Caucasian African American Hispanic Native American Asian Other

Married Single Widow/er Divorced

Lifetime Occupation _____

Veteran Yes No Veterans Benefits Yes No

Highest Level of Education No Schooling 8th Grade/Less 9-11 Grades High School
 Technical/Trade School Some College Bachelor's Degree Graduate Degree

Known Allergies _____

Father's Full Name _____

Mother's Full Name _____

Mother's Maiden Name _____

Spouse's Full Name Living Deceased _____

Physician Information

Name of Primary Physician _____

Name of Practice _____

Street Address _____

City _____ County _____ State _____ Zip _____

Office Telephone Number (____) _____

Religious Information (Optional)

Religion _____

Involvement Active Attendance Only Inactive None

Name of Church/Synagogue _____

Telephone Number (____) _____

Name of Pastor/Priest/Rabbi _____

Street Address _____

City _____ County _____ State _____ Zip _____

Billing Information Power of Attorney Yes No

Name of Person to Receive/Pay Monthly Statements _____

Relationship to Applicant _____

Street Address _____

City _____ County _____ State _____ Zip _____

Home Telephone Number (____) _____ Work Telephone Number (____) _____

Cell Phone Number (____) _____ E-mail Address _____

Primary Contact Power of Attorney Yes No

Name of Person to Contact in Emergency _____

Relationship to Applicant _____

Street Address _____

City _____ County _____ State _____ Zip _____

Home Telephone Number (____) _____ Work Telephone Number (____) _____

Cell Phone Number (____) _____ E-mail Address _____

Second Contact Power of Attorney Yes NO

Name of Person When Primary Contact Is Unavailable _____

Relationship to Applicant _____

Street Address _____

City _____ County _____ State _____ Zip _____

Home Telephone Number (____) _____ Work Telephone Number (____) _____

Cell Phone Number (____) _____ E-mail Address _____

Third Contact Power of Attorney Yes No

Name of Person When Primary Contact Is Unavailable _____

Relationship to Applicant _____

Street Address _____

City _____ County _____ State _____ Zip _____

Home Telephone Number (____) _____ Work Telephone Number (____) _____

Cell Phone Number (____) _____ E-mail Address _____

Funeral Arrangements

Name of Funeral Director _____

Street Address _____

City _____ County _____ State _____ Zip _____

Funeral Home Telephone Number (____) _____

Name of Person Responsible for Funeral Arrangements _____

Applicant's Relationship to this person _____

Home Telephone Number (____) _____ Work Telephone Number (____) _____

Cell Phone Number (____) _____

Do you have an Advanced Directive/Living Will? Yes No

Would you like additional information on Advanced Directives? Yes No

Please submit a copy of Power of Attorney and Advanced Directive/Living Will if these documents exist

Signature of Applicant _____

Date _____

Signature of Person Completing This Form _____

Print Name _____

Relationship to Applicant _____

Date _____

Copies of all current statements must be attached.

Income

Type	Amount Per Month	Total Amount Annually
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Annuity/Trust	\$ _____	\$ _____
Rental	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Bonds	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
Total Income	\$ _____	\$ _____

Banking

Checking Accounts: <i>Bank(s)</i>	Current Balance
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
 Savings Account, CDs, Money Market, Banks, Other	
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Stocks/Bonds

Stocks: <i>Company</i>	Number of Shares	Current Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Bonds	Type	Current Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Real Estate (Please note any jointly held property)

Real estate: (<i>In Applicant's Name</i>) Type and Location (<i>List Address</i>)	Value	Mortgage Amount
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

Are you planning to sell any/all of your real estate? Yes No

Life Insurance Policies (On Applicant's Life or owned by the Applicant)

Company	Policy Number	Face Value	Beneficiary
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____

Describe any debts, mortgages, obligations, etc., affecting income or assets: _____

Upon entering Paul's Run's Skilled Nursing Care Unit, are you willing to file for financial assistance should the need arise? Yes No

In the past five years, have you given any gifts exceeding \$5,000? Yes No
 If so, in what amount and to whom?



I affirm that the foregoing is a true statement of the facts known to me and is submitted as part of an application for residence in the facility. I understand that a lack of truth in my statements in this application is grounds for either a denial of admission or, if permitted by law, a discharge after admission. Further, if admitted, I affirm that, while I am in residence at the facility, (a) I will use the funds and resources I have identified above, as well as all income received from these funds and resources and any other income which I may receive while I remain in residence at the facility, primarily for payment to the facility for services provided to me; and, (b) I will submit an Annual Statement of my financial status to the facility. Finally, I hereby also authorize any and all financial institutions or entities with whom I have a business, commercial or fiduciary relationship to release any and all requested financial information to the facility as long as I remain in residence at the facility.

Signature of Applicant _____ Date _____

Signature of Person Completing This Form _____ Date _____

The Civil Right Act of 1964 prohibits discrimination. The word “discrimination” shall be understood to mean “discrimination on the basis of race, color, national origin, ancestry, religious creed, sex, age of handicap,” as used in Title VI of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act of 1955, as amended, Section 504.

Quick Reminder List

Pre-admission Requirements

- An attending physician will be designated prior to admission. Residents may utilize one of our House Physicians or retain their private attending physician as long as he/she abides by state, federal, and Paul's Run credentialing requirements. Please confirm this with the Admissions Office at (215) 934-3011 or (215) 934-3074. If the resident will be utilizing a Paul's Run physician, arrangements must be made to have copies of medical records transferred to the new attending physician.
- According to state regulations, name and telephone of Funeral Home must be provided.
- Any clothing you wish to be laundered by Paul's Run must be washable (not dry cleaned). Clothing must be labeled with resident's name.
- You will need to contact the telephone and cable companies directly if you wish to use these services.
 - Verizon: (800) 837-4966
 - Basic cable is provided. For additional upgraded services, call Comcast "Bulk Services" at (215) 992-2712.
- Confirm move-in date with the Admissions Office.

Necessary Items for Day of Admission

Please make items 1-7 available to us for photocopying prior to or upon admission.

1. Social Security Card
2. Medicare Card
3. Insurance/Hospitalization Card (Blue Cross, AARP, etc.)
4. PACE Card (if applicable)
5. Pharmaceutical Insurance Card (if applicable)
6. Power of Attorney or Legal Guardianship Documents
7. Advanced Directive/Living Will (if applicable)

Note: Valuable items and cash should NOT be kept in the resident's room. Residents are encouraged to open a trust fund account. Valuable items should be kept in the safe. Admissions personnel will explain the procedure.

Please call **Michael Booth** at (215) 934-3011 or **Erika Lostaunau** at (215) 934-3074 in the Admissions Office if you have any questions.



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