



Application for Residency
Tel Hai Retirement Community
1200 Tel Hai Circle – PO Box 190
Honey Brook, PA 19344 Phone: 610/273-9333
The Meadows Health Care Fax: 610/273-4041
Lakeview Personal Care Fax: 610/273-4151



\$250.00
Application Fee

APPLICANT PERSONAL INFORMATION:

Name			
Preferred Name			
Address			
City, State, Zip Code			
Home Phone			
Cell Phone			
Birth Date		Current Age	
Drug/Food Allergies			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced		
Spouse's Name			

APPLICANT INSURANCE INFORMATION:

Social Security #	
Medicare #	
Supplemental Insurance Co.	
Supplemental ID #	
Managed Care Insurance Co.	
Managed Care ID #	

Do you have long-term care insurance? Applicant: Yes No Spouse: Yes No

	Applicant	Spouse
Company Name		
What is your daily or monthly benefit?		
At what rate does this increase each year?		
How long does your policy pay for?		
Is this a partnership plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> ✓ Copies Required	<input type="checkbox"/> ✓ Copies Required

ADDITIONAL INFORMATION:

Hospital Preference	
Physician	
Funeral Director Name Address City, State, Zip Code	

BILLING INFORMATION:

Name	
Relationship	<input type="checkbox"/> POA <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other
Address City, State, Zip Code	
Home Phone	
Cell Phone	
Work Phone	
Email	

AUTHORIZED EMERGENCY CONTACTS:

Name	
Relationship	<input type="checkbox"/> POA <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other
Address City, State, Zip Code	
Home Phone	
Cell Phone	
Work Phone	
Email	

Name	
Relationship	<input type="checkbox"/> POA <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other
Address City, State, Zip Code	
Home Phone	
Cell Phone	
Work Phone	
Email	

Name	
Relationship	<input type="checkbox"/> POA <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Grandchild <input type="checkbox"/> Other
Address City, State, Zip Code	
Home Phone	
Cell Phone	
Work Phone	
Email	

FINANCIAL INFORMATION:

Indicate the owner of each asset and liability by using the following codes below:

A=Applicant S=Spouse J=Joint Attach recent statement for all accounts

Assets by Type:	A/S/J	Total	Description	✓ Copies Required
Savings Accounts				<input type="checkbox"/>
Checking Accounts				<input type="checkbox"/>
Investment Accounts				<input type="checkbox"/>
(i.e, Stocks/Bonds)				<input type="checkbox"/>
Certificates of Deposit				<input type="checkbox"/>
IRA, 401(k) and/or 403(b)				<input type="checkbox"/>
Annuities				<input type="checkbox"/>
Trust Accounts <input type="checkbox"/> revocable <input type="checkbox"/> irrevocable				<input type="checkbox"/>
Other				
Real Estate: (include all owned properties)		Market Value		
Primary Home				<input type="checkbox"/>
Other Property(ies)*				<input type="checkbox"/>
Total Assets				<input type="checkbox"/>

(*Include address of property(ies) and if more than two properties, please list separately and include with application.)

Liabilities by Type	A /S/J	Total	Description
Notes Payable			
Mortgages on Real Estate			
Reverse Mortgages on Real Estate			
Credit Card			
Auto Loans			
Home Equity Loans			
Other			
Total Liabilities			

INCOME SOURCES (Monthly):

Type:	Applicant	Spouse	Joint	✓ Copies Required
Social Security				<input type="checkbox"/>
Pension				<input type="checkbox"/>
Pension Benefit to Surviving Spouse				<input type="checkbox"/>
Annuity				<input type="checkbox"/>
Dividends				<input type="checkbox"/>
Interest				<input type="checkbox"/>
Other				<input type="checkbox"/>
Total Monthly Income:				<input type="checkbox"/>

Within the past 5 years, have you or your spouse given away, sold or transferred any assets such as: a home, land, personal property, life insurance policies, annuities, bank accounts, certificates of deposit, stocks, IRA, bonds or right to income? Yes No

Asset		Asset	
Date of Disposition		Date of Disposition	
Amount Disposed	\$	Amount Disposed	\$

I do hereby certify that the information listed is true and complete to the best of my knowledge.

By submitting this application to Tel Hai Retirement Community, you are granting permission to initiate a Megan’s Law review, or other national database of registered sex offenders, and a credit background check.

Date:	Signature:	<input type="checkbox"/> Applicant	<input type="checkbox"/> POA
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Attachments required at the time of submission of this application:

- Signed & dated Application
- Photocopy of most recent Federal Income Tax return
- Photocopy of most recent statement for all of your accounts
- Photocopy of long term care insurance policy(ies)
- Photocopy of Power of Attorney, Living Will and/or Advanced Directives
- Photocopy of front and back of Social Security Card and Photo ID
- Photocopy of front and back of health insurance cards and Medicare cards
- Check payable to “Tel Hai Retirement Community” in the amount of \$250.00

Tel Hai is a non-smoking community. Smoking is prohibited in accommodations, common areas, and the grounds. This includes the use of electronic cigarettes.