

PERSONAL HISTORY

Have you appointed a Durable Power of Attorney? Yes _____ No _____

If yes: Name _____ Phone () _____

Address _____ Relationship _____

Have you lived in Pennsylvania the last 12 months: Yes _____ No _____

HEALTH HISTORY

Physician Name _____ Phone () _____

Address _____ Zip _____

List any hospitalizations in the past six (6) months?

Hospital _____ Year _____ Reason _____

Hospital _____ Year _____ Reason _____

Have you ever had a prior stay at a nursing home? Yes _____ No _____

Dates _____ Name of Facility _____

Give the date of your most recent shot for tetanus _____ flu _____ pneumovax _____

Check if you need assistance with any of the following:

___ Ambulation	___ Dressing	___ Finances	___ Special Diet
___ Bathing	___ Eating	___ Transportation	___ Other Needs:
___ Toileting	___ Medications	___ Housekeeping	_____
___ Grooming	___ Telephone Use	___ Laundry	_____

FINANCIAL STATEMENT Please answer all questions.

Indicate if this is a joint financial statement or an individual. _____Joint _____Individual

Within the past five years have you:

- Transferred or gifted: real estate, automobiles, monetary gifts, bank accounts, stocks/bonds, life insurance or other assets
- Sold real estate, automobiles or other assets at less than Fair Market Value

___ Yes ___ No If "yes", what and when? _____

Do you have assets in a Revocable or Irrevocable Trust? Yes _____ No _____

Do you have a reverse mortgage? Yes _____ No _____

Miscellaneous Financial Data

Life Insurance? Yes _____ No _____ Value \$ _____

Long Term Care Insurance? Yes _____ No _____ Value \$ _____ Carrier _____

Prepaid Burial Fund? Yes _____ No _____ Value \$ _____ Carrier _____

Other _____

FINANCIAL STATEMENT (Continued)

ASSETS*

**SOURCE OF INCOME
(monthly—net)**

Cash and Checking		Social Security	\$ _____
Bank/Account # _____	\$ _____		
Bank/Account # _____	\$ _____	Pensions	\$ _____
Savings/Money Market Account			\$ _____
Bank/Account # _____	\$ _____		
Bank/Account # _____	\$ _____	Annuities	\$ _____
Certificates of Deposit			
Bank/Account # _____	\$ _____	Dividends and Interest	\$ _____
Bank/Account # _____	\$ _____		\$ _____
Bank/Account # _____	\$ _____		
Bank/Account # _____	\$ _____	Other Income:	\$ _____
Bank/Account # _____	\$ _____		\$ _____
Bank/Account # _____	\$ _____		\$ _____
Real Estate Owned—Schedule A (See below)	\$ _____		\$ _____
Stocks, Securities and Bonds (Market value)	\$ _____	TOTAL MONTHLY INCOME	\$ _____
Annuity	\$ _____		
IRA	\$ _____		
Trust Account	\$ _____		
Other Assets:	\$ _____	LIABILITIES	
	\$ _____	Notes Payable	\$ _____
		Mortgages Payable	\$ _____
Any note, mortgage or loans receivable	\$ _____	Home Equity	\$ _____
	\$ _____	Credit Card Debt	\$ _____
TOTAL ASSETS AVAILABLE	\$ _____	Other Debts	\$ _____
			\$ _____
*Copies of all financial statements required		TOTAL LIABILITIES	\$ _____

SCHEDULE OF REAL ESTATE OWNED –“SCHEDULE A”

(Place an asterisk (*) by primary residence.)

Description of Property and Location	Date Acquired	_____ / _____	Market Value
_____	____ / ____ / ____	\$ _____	\$ _____
_____	____ / ____ / ____	\$ _____	\$ _____

EMERGENCY INFORMATION

Person(s) to be contacted

Name _____ Relation _____ Phone () _____

Address _____ Zip _____

Name _____ Relation _____ Phone () _____

Address _____ Zip _____

Funeral Home:

Name _____ Phone () _____

Address _____ Zip _____

I hereby certify that the above information is correct and complete to the best of my knowledge. I understand that any misrepresentation could result in the forfeiture of my application or status as a resident of Tandem Living. I understand that this application does not obligate Tandem Living in any way and is submitted to be placed on file and that the above information is strictly confidential.

I understand that it is the policy of Tandem Living to screen all incoming potential residents against the applicable Megan's Law websites to ensure that Tandem Living is not providing admission to any person who is registered as a "sexually violent predator" or "sexual offender." In addition, Tandem Living also conducts a criminal background check of all incoming potential residents. Tandem Living reserves the right to deny admission to anyone found listed on federal and state Megan's Law websites or with a criminal record.

I also acknowledge that Tandem Living will review medical information to ensure that staff can appropriately care for resident needs.

Signed _____
Applicant or Power of Attorney or Responsible Party

Date _____



OFFICE USE ONLY

Date Application Received _____

Date of Review _____

Accepted _____ Not Accepted _____ Reason _____

Accepted by _____

Date acceptance letter sent _____

Waiting List _____

Progress notes: