

The House of the Good Shepherd
Application for Admission

A \$100.00 Application Fee for each applicant is required and is non-refundable.

Date of Application: _____
Please note: Application date will determine
priority.

For Office Use Only
Date Received: _____

Fee Received: _____
By: _____

How soon are you ready to move in?
(Please check one of the following)
Immediately _____
Within 6 months _____
Within 12 months _____
As soon as new accommodations are available _____
Other (please explain) _____

Accommodation Desired:
(Please check the one that you are interested in)

Independent Living:

New Building:

Unit Plan #1 _____

Unit Plan #2 _____

Unit Plan #3 _____

Unit Plan #4 _____

Unit Plan #5 _____

Renovated One Bedroom _____

Renovated Two Bedroom _____

Assisted Living:

New Building:

Unit Plan #1 _____

Unit Plan #2 _____

Unit Plan #3 _____

Unit Plan #4 _____

Renovated Single Room _____

The Village:

One Bedroom Apartment _____

One Bedroom Duplex _____

Two Bedroom Cottage _____

Health Care Unit: _____

(24 hrs. Nursing care)

*Application fee is not required for
the Health Care Unit

Full Name _____ Date _____

Street Address _____ City _____

State _____ Zip Code _____ County _____

Phone Number () _____ Birthplace _____ Birthdate _____ Age _____

Social Security No. _____ Medicare No. _____

Other Insurance No. _____

Are you single, married, widowed, divorced? _____ Date of Marriage _____

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Spouse's Name _____ Living? _____ If deceased, when? _____
Where? _____

Occupation (before retirement) – Self _____ Spouse _____

Education _____

Residence during the past five years _____

Children (Name, Address & Phone Number)

A close relative or friend other than children (Name) _____

Address _____

Phone No. _____ Relationship _____

I am now a member or attend church at _____ located in
_____ and have been a member or attending for _____ years.

Pastor's Name _____ Phone No. _____

I have served the church in the following ways:

Father's Name _____ Birthplace _____

Mother's Maiden Name _____ Birthplace _____

Brothers & Sisters (Names, Addresses & Phone Nos.)

Did you or your spouse serve in the Armed Forces? _____

Interests and Hobbies _____

What are your reasons for applying to The House of the Good Shepherd? _____

Are you able to walk without assistance? Yes _____ No _____ If no, what assisted devices do you currently use? (e.g., cane, walker, etc.) _____

I have the following Life Insurance:

Name	Address	Beneficiary	Paid Up
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a burial plot? _____ City _____ State _____

County _____ Cemetery _____ Section _____ Headstone _____

It is the policy of The House of the Good Shepherd to ask applicants to list all their income assets and liabilities. **A copy of the most recent Federal 1040 Tax Return is required.**

Please list all income you receive. Specific answers are needed to all questions. Insert the proper figure in each blank, or the word "none." Estimate Pension and Social Security if you are presently working.

Spouses are to **each** complete a **separate application** – listing only their own pension, social security, income, etc. If assets are joint, list them only once on one application; and note that they are joint. Please indicate if either spouse receives some or all of the other spouse's pension if that spouse is predeceased.

If additional space is needed, please attach sheets to this application.

A. Income

	<u>Monthly</u>	<u>Annually</u>	<u>From what company/source</u>
Social Security	\$ _____	\$ _____	_____
Pension	\$ _____	\$ _____	_____
Annuity	\$ _____	\$ _____	_____
Interest	\$ _____	\$ _____	_____
Other Income	\$ _____	\$ _____	_____

B. Assets

	<u>Name of Bank</u>	<u>Total Value</u>
Checking Account	_____	\$ _____
	_____	\$ _____
Savings Account -- (CD's, Money Market)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

	<u>Company</u>	<u># of Shares</u>	<u>Total Value</u>
Stocks, Bonds, Securities	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

<u>Real Estate</u>	<u>Approximate Market Value</u>
_____	\$ _____
_____	\$ _____

C. Liabilities, if any

Notes/Loans	\$ _____
Mortgages	\$ _____
Total Liabilities	\$ _____
Total Net Worth	\$ _____

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I make this application of my own free will.

I agree that in the event that my funds are depleted and I can no longer afford the cost of my care, I will apply for whatever state or federal assistance that may be available. I further understand and agree that it is House policy not to extend charitable care if a prospective resident or a resident transfers or dissipates assets other than to meet reasonable and customary living expenses.

I further agree that as part of the consideration for my admission to The House of the Good Shepherd, I will at all times faithfully observe and be governed by all its rules and regulations, together with any and all amendments hereafter made thereto, and the general rules of admission, a copy of which has been furnished to me.

I represent that to the best of my knowledge the above statements and information are true and correct. I understand that all information provided in this application shall remain confidential.

Applicant's 1040 Form attached _____
Applicant does not file a 1040 Form _____

Witness

Signature of Applicant

Date

Date

**APPLICATION IS INCOMPLETE AND CANNOT BE EVALUATED WITHOUT A
MEDICAL HISTORY/RECORD ATTACHED.**

**MEDICAL FORMS MUST BE COMPLETED AND RETURNED AT TIME OF
APPLICATION SUBMISSION.**