



Londonderry Village

# Londonderry Village

1200 GRUBB ROAD · PALMYRA, PA 17078

## WAIT LIST APPLICATION INDEPENDENT LIVING

Date \_\_\_\_\_

Type of Unit you prefer \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_  
FIRST MIDDLE LAST (MAIDEN)

PRESENT ADDRESS \_\_\_\_\_  
STREET or ROUTE TOWN or CITY STATE ZIP CODE

TELEPHONE NUMBER \_\_\_\_\_ U.S. CITIZEN?  YES  IF NO, WHERE? \_\_\_\_\_  
AREA CODE

SOCIAL SECURITY NO. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ MEDICARE NUMBER \_\_\_\_\_ ARMED SERVICES VETERAN ? \_\_\_\_ YES \_\_\_\_ NO

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MONTH / DAY / YEAR TOWN or CITY STATE

MARITAL STATUS:  SINGLE  MARRIED (a & b)  WIDOWED (a,b,c)  DIVORCED

a. Full Name of Spouse \_\_\_\_\_

b. Age of Spouse \_\_\_\_\_ c. Date of Death (if widowed) \_\_\_\_\_

### NAMES AND ADDRESSES OF EMERGENCY CONTACT PERSONS:

NAME	ADDRESS	RELATIONSHIP	HOME / BUSINESS TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### HEALTH CARE POWER-OF-ATTORNEY:

\_\_\_\_\_

### FINANCIAL POWER-OF-ATTORNEY:

\_\_\_\_\_

### HOW DID YOU HEAR ABOUT LEBANON VALLEY BROTHERS HOME?

\_\_\_\_\_



# MEDICAL INFORMATION

RESIDENT'S NAME-----

NAME, ADDRESS, AND TELEPHONE NUMBER OF PRIMARY PHYSICIAN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
STREET or ROUTE                      TOWN or CITY                      STATE                      ZIP CODE  
\_\_\_\_\_  
AREA CODE                      TELEPHONE NUMBER                      DATE OF YOUR LAST MEDICAL EXAMINATION \_\_\_\_\_

[INFORMATION BELOW TO BE COMPLETED BY APPLICANT'S PERSONAL PHYSICIAN]

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

IN YOUR OPINION, IS APPLICANT CAPABLE OF LIVING INDEPENDENTLY? \_\_\_ YES \_\_\_ NO

IN THE EVENT OF A FIRE, COULD APPLICANT EVACUATE HOME BY THEMSELVES? \_\_\_ YES \_\_\_ NO

HEIGHT \_\_\_\_\_                      WEIGHT \_\_\_\_\_                      B/P \_\_\_\_\_                      PULSE \_\_\_\_\_

CURRENT DIAGNOSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HISTORY OF PAST SURGERIES OR MAJOR ILLNESSES:

CAN APPLICANT SELF-MANAGE HIS/HER MEDICATIONS? \_\_\_ YES \_\_\_ NO

ANY HISTORY OF:

ALCOHOL ABUSE                      \_\_\_ YES \_\_\_ NO                      TOBACCO USE                      \_\_\_ YES \_\_\_ NO

PSYCHIATRIC ILLNESS                      \_\_\_ YES \_\_\_ NO                      S/S OF DEMENTIA                      \_\_\_ YES \_\_\_ NO

PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# FINANCIAL INFORMATION

PLEASE LIST APPROXIMATE VALUE OF ASSETS AS DESCRIBED BELOW:

CHECKING ACCOUNT(S)	\$ _____	
SAVINGS ACCOUNT(S)	\$ _____	
STOCKS AND BONDS	\$ _____	
CERTIFICATES OF DEPOSIT	\$ _____	
REAL ESTATE	\$ _____	LOCATION: _____
CASH VALUE, INSURANCE	\$ _____	
OTHER	\$ _____	DESCRIBE: _____
=====		
TOTAL ASSET VALUES	\$ _____	
LIABILITIES (LOAN, MORTGAGES, ETC.)	\$ _____	

PLEASE LIST AMOUNTS OF MONTHLY INCOME AS DESCRIBED BELOW:

SOCIAL SECURITY	\$ _____	PENSION	\$ _____	ANNUITIES	\$ _____
SSI	\$ _____	DIVIDENDS	\$ _____	OTHER	\$ _____

ANY MONEY GIVEN TO FAMILIES OR AN ORGANIZATION IN THE LAST 5 YEARS: YES NO  
IF YES, TO WHOM AND WHEN TRANSFERRED \_\_\_\_\_ AMOUNT \_\_\_\_\_

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Long Term Care Insurance: Provider Name

Health Insurance or Hospitalization: Provider Name

Supplemental Insurance: Provider Name

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Following receipt of this application and a \$200 non-refundable application fee, LONDONDERRY VILLAGE will evaluate the application and inform applicant(s) if they have been accepted for the Wait List. Acceptance for the Wait List does not guarantee acceptance for admission. When a living unit becomes available and is offered to applicant(s), applicant must then pass a physical examination to certify their ability to live independently, and must also notify the LONDONDERRY VILLAGE if there have been any material changes in their financial status since the date of this application.

APPLICANT hereby applies to join the Wait List of the LONDONDERRY VILLAGE, and certifies that all of the information provided on this application is true and accurate to the best of their knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date