



567 Springville Road
New Holland, PA 17557
(717) 355-9522
Fax: (717) 354-7103
www.welshmountainhome.org

APPLICATION FOR RESIDENCY

ACCOMMODATIONS DESIRED

_____ Personal care shared room with shared bathroom

_____ Personal care private room with shared bathroom

_____ Personal care private room with private bathroom

PERSONAL DATA

Name of applicant _____ Telephone _____
First Middle Last

Address: _____
Street City State Zip

Place of birth (township/county/state) _____ Date of birth ____/____/____ Age _____

Social Security No.: _____ Medicare ID: _____

Marital status: never married _____ married _____ widowed _____ divorced _____

Medicare Supplement: _____ Policy No.: _____

Pace Card No.: _____ Effective Date: _____

Physician Name: _____ Telephone: _____

Religious Preference: _____ Church: _____

If appointed, Power of Attorney _____ Telephone _____

Address _____ Relationship _____

Allergies: _____

Diagnosis: _____

Special Dietary Needs: _____

Ambulation Device(Circle one): Independent Cane Walker Wheel Chair Able to use stairs?: Yes No

Care Needs (Circle all that apply): Toileting Bathing Dressing Oral Care Medication Administration

Persons (spouse, children or significant other) to be contacted if unable to get in touch with applicant:

Name	Relationship	Address	Telephone
		Email:	Home: Mobile:
		Email:	Home: Mobile:

The applicant will be contacted when the desired accommodation is available. If someone other than the applicant should be contacted, place a check mark next the person's name.

Preferred Funeral Director _____ Telephone _____

Is burial pre-paid? Yes _____ No _____ Do you have a burial space? Yes _____ No _____

FINANCIAL STATEMENT (Please answer all questions)

Have you assigned and/or transferred any assets for less than fair market value within the last five (5) years?

Yes _____ No _____ If yes, please explain (include value of assets): _____

Assets	Amount	Applicant's Monthly Income	Amount
Checking & Savings	\$	Social Security	\$
Certificate of Deposit	\$	Pensions	\$
Other	\$	Dividends & Interest	\$
Total Assets	\$	Other	\$
Liabilities	Amount	Total Monthly Income	\$
Credit Card Debt	\$		
Notes Payable	\$	Are you eligible for Veteran's Benefits?	
Other(specify)	\$		
Total Liabilities	\$		

Description of Real Estate

Property and Location	Date Acquired (Approx.)	Purchase Price (Approx.)	Remaining Mortgage	Fair Market Value

I own the above assets and they are available for payment of services I may receive at Welsh Mountain Home.



567 Springville Road
New Holland, PA 17557
(717) 355-9522
Fax: (717) 354-7103
www.welshmountainhome.org

Additional information or concerns we should know or be aware of:

How did you hear about or who referred you to Welsh Mountain Home?

I certify the information provided on this application to be true and correct and authorize Welsh Mountain Home to research any above information for verification. I understand that Welsh Mountain Home may request proof of financial status. I understand that this application is not binding on Welsh Mountain Home or me. It simply expresses my interest in becoming a resident and submitted to be placed on file; all information is held in strict confidence.

Signature of applicant

Signature of person completing application, if other than applicant

Date

Date