

APPLICATION



How to Apply

This form is all that is required to start the application process to any of Messiah Lifeways at Messiah Village's accommodations and services. Upon final approval, additional paperwork will be required. **There is no application fee.**

1. Complete the entire application and return it to the:

**Welcome Center at Messiah Village • 100 Mt. Allen Drive • Mechanicsburg, PA 17055
or fax to (717) 795-7695 or email to life@messiahlifeways.org**

Couples must submit a separate application for each person.

2. Approval is based on a medical and financial screening. Once the application is received and reviewed, the qualified applicant's name will be placed on our applicant list. Applicants will be contacted based on their application date, desired move-in time, and availability of the approved accommodation.
3. A nonrefundable reservation fee is due when a specific accommodation is reserved. The fee is not applicable to nursing care residents whose initial payer source is Medicare or Medicaid.

The application is being submitted for:

- Residential Living (Apartments & Cottages) + desired floor plan _____
- Enhanced Living (Personal Care) + desired floor plan _____
- Enhanced Living Respite (Personal Care)
- Nursing Care
- Nursing Care (Rehab/Transitional Care)

Desired date of move in: _____

Applicant name _____ Date of birth _____ Age _____ Sex _____

Marital status _____ Spouse's name _____

Street address _____

City _____ State _____ Zip Code _____

Home # () _____ Cell # () _____ Email _____

Current/former occupation _____ Education _____

Are you living alone? Yes No - If no, with whom are you living? _____

Are you or your spouse a Military Veteran? Yes No - If yes, which branch? _____

Please list any major or chronic medical conditions (*optional for Residential Living applicants*)

Physician's name _____ Phone # () _____

Do you have an Advance Directive (Living Will)? Yes No

Emergency Contacts: (please attach a separate sheet if you would like to list more than 2 contacts).

1. Name _____ Relation _____ Power-of-attorney? Yes No

Address _____

Home # () _____ Work # () _____ Cell # () _____

2. Name _____ Relation _____ Power-of-attorney? Yes No

Address _____

Home # () _____ Work # () _____ Cell # () _____

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Social Security # _____ Medicare # _____
 Secondary medical insurance (Medicare supplement) or HMO name _____
 Contract/Identification # _____ Group# _____
 Medical Assistance # _____ Prescription drug plan name _____

Long-term care insurance coverage (company name) _____
 Daily benefit _____ Length of coverage or cap _____
 Type of coverage? (check all that apply):
 Nursing care Personal care and/or assisted living Home care

**This entire section must be completed in order for an application to be processed.
 A more detailed financial disclosure form and supporting documents are required upon admission.**

Please indicate applicant's monthly income:		Please indicate applicant's net worth:		Ownership		
				Individual	Spouse	Joint
Social Security:	\$ _____	Primary Residence:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/Retirement:	\$ _____	Other Real Estate:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity income:	\$ _____	Bank Accounts/CDs:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from Trust(s):	\$ _____	Investment Accounts:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest/Dividends:	\$ _____	IRA/401k:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ (specify type)	\$ _____	Annuities:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Monthly Income:	\$ _____	Revocable Trust(s):	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Less (mortgage, debt):	\$ _____			
		Total Net Worth:	\$ _____			

If applicable, please indicate the total amount of any assets or real estate gifted or sold at less than fair market value in the last 5 years? \$ _____

If applicable, please indicate the total amount of any assets transferred to an Irrevocable Trust in the last 5 years? \$ _____

Applicant (or person completing form on applicant's behalf):



Signature _____ Date _____



Messiah Lifeways at Messiah Village welcomes all regardless of race, color, sex, religion, familial status, disability or national origin. Admission for Residential Living is limited to adults age 62 and better. This is a smoke-free community.

FOR OFFICE USE ONLY

REVIEW DATE _____ REVIEWED BY _____ APPROVED DENIED PENDING

LEVEL OF LIVING _____ APPROVED FLOOR PLAN(S) _____

NOTES _____