

NURSING APPLICATION



How to Apply

This form is all that is required to start the application process for Nursing at Messiah Lifeways at Messiah Village (Messiah Village). **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

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 and desired move-in time.
3. A nonrefundable reservation fee is due upon admission. The fee is not applicable to residents whose initial payer source is Medicare or Medicaid.
4. Messiah Village seeks to ensure the security and safety of its residents. It is the policy of Messiah Village to preclude the admission of an applicant to any component of Messiah Village's continuum of care (i.e., nursing, personal care or residential living) if: a) the Pennsylvania Megan's Law website reveals that such applicant has been convicted of one or more of the sexual offenses listed under 42 Pa.C.S.A. §9799.14, the list of sexual offenses can be accessed via the following link: <http://www.pameganslaw.state.pa.us/Registration.aspx?dt=>; or b) the applicant is out-of-state and the sex offender registry for the applicable jurisdiction in which the applicant resides reveals that such applicant has been convicted of a sexual offense similar in nature to those offenses listed under 42 Pa.C.S.A. §9799.14. (NOTE: A copy of the sexual offenses listed under 42 Pa.C.S.A. §9799.14 is also available upon request.)

Name _____ Date of Birth _____ Age _____
Sex _____ Marital Status _____ Do you have an Advance Directive (Living Will)? Yes No
Address _____ City _____ State _____ Zip _____
Home # () _____ Cell # () _____
Are you living alone? Yes No - If no, with whom are you living? _____
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 _____
Physician's name _____ Phone # () _____
Email _____
Are you or your spouse a Military Veteran? Yes No - If yes, which branch? _____
Please list any major or chronic medical conditions _____
Are you currently in the hospital Yes No - If yes, which hospital? _____
Desired date of move in _____

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 _____ City _____ State _____ Zip _____
Home # () _____ Work # () _____ Cell # () _____
2. Name _____ Relation _____ Power-of-attorney? Yes No
Address _____ City _____ State _____ Zip _____
Home # () _____ Work # () _____ Cell # () _____

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Financial Disclosure Statement

This entire section must be completed in order for an application to be processed.

Please list assets & liabilities:

Are assets / liabilities owned individually (I) or joint (J)?

Assets:	<u>I</u>	<u>J</u>
Checking / Savings _____	<input type="checkbox"/>	<input type="checkbox"/>
CDs _____	<input type="checkbox"/>	<input type="checkbox"/>
Investment Accounts _____	<input type="checkbox"/>	<input type="checkbox"/>
IRA _____	<input type="checkbox"/>	<input type="checkbox"/>
Annuities _____	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Trust _____	<input type="checkbox"/>	<input type="checkbox"/>
Primary Residence _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Real Estate _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Assets: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Total Assets: _____

Liabilities:	<u>I</u>	<u>J</u>
Mortgage Debt _____	<input type="checkbox"/>	<input type="checkbox"/>
Loans _____	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card _____	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Total Liabilities: _____

Is burial prepaid? Yes No

Please enter applicant's monthly income:

Monthly Income:	
Social Security	_____
Pension	_____
IRA / 401 Retirement	_____
Annuity	_____
Trusts	_____
Interest / Dividends	_____
Other:	_____
_____	_____
Total Income:	_____

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? \$ _____

I represent the resources listed above are and will remain available for payment of services I may receive at Messiah Village.

I certify the above information is a true and complete statement of my assets, liabilities, and income and authorize Messiah Village to research any information for verification. I understand Messiah Village may request proof of financial status.



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. This is a smoke-free community.

FOR OFFICE USE ONLY

REVIEW DATE _____ REVIEWED BY _____ APPROVED DENIED PENDING

NOTES _____

MEGAN'S LAW CONVICTION? YES NO DATE _____ INITIALS _____