



## St. Paul's Senior Homes & Services Admissions Standards

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

2. In order to qualify for admission to one of St. Paul's Senior Homes & Services retirement communities, applicants must be:
  - (a) 60 years of age or over at the time of admission.
  - (b) In good physical and mental condition as determined by their personal physician.
  - (c) Of good moral character.
  - (d) Able to live harmoniously with other residents.
3. In case of married couples, both must qualify.
4. Applications are generally acted on in order of filing, considering the apartment availability desired by the applicant. The Admission Committee reserves the right to hold certain accommodations for applicants with lower incomes and those with special needs.
5. Vacancies of bedroom units shall be assigned according to the following priorities:
  - (a) Approved couples in residence.
  - (b) Singles in residence.
  - (c) Approved couples.
  - (d) Approved single applicants.
6. If an applicant is offered admission to accommodations of the class desired as indicated by the application and declines them, he or she may be reclassified as to priority.
7. At St. Paul's Senior Homes & Services, residents become part of an extended family. It is necessary, therefore, to be able to establish amicable relationships and to be congenial with one another.
8. A non-refundable Processing Fee of \$500.00 is payable upon the initial submission of an application.
9. The Board of Directors of St. Paul's Senior Homes & Services, retains the right to make deviations from the above policy on a case-by-case basis.





**St. Paul's Senior Homes & Services**  
**A Full Service Retirement Community**

APPLICATION FOR ADMISSIONS

St. Paul's Villa  
 Assisted Living  
 2340 Fourth Avenue  
 San Diego, CA 92101  
 T: 619-232-2996  
 F: 619-232-0451  
 Lic# 370804823

DATE \_\_\_\_\_ NAME/ Mr., Mrs., Ms \_\_\_\_\_ Own Home

ADDRESS \_\_\_\_\_ Rent Home

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ PREVIOUS RESIDENCE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ MEDICARE # \_\_\_\_\_

MEDICAL INSURANCE CARRIER \_\_\_\_\_ RELIGIOUS DENOMINATION \_\_\_\_\_  
(ie medicare suppliment, medicare HMO)

PHYSICIAN \_\_\_\_\_ PHYSICIAN'S TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Have you had any serious illness or surgery in the past ten years? If so, what: \_\_\_\_\_

Would you describe your general health as:  Excellent  Good  Fair  Poor

Are you dependent upon any mechanical aids (i.e. cane, walker) to ambulate? \_\_\_\_\_

Do you require a special diet? \_\_\_\_\_ If so, what? \_\_\_\_\_

Any contagious or infectious diseases? If any, specify \_\_\_\_\_

Do you require regular use of medications (including non-prescription medications)? Yes No

If so, please list: \_\_\_\_\_

Are you personally able to live independently and without assistance? \_\_\_\_\_

RELATIVES, GUARDIANS, CONSERVATORS OR FRIENDS:

Name: _____	Relationship: _____
Address: _____	Work Phone: _____
City/ST: _____ Zip _____	Home Phone: _____
Name: _____	Relationship: _____
Address: _____	Work Phone: _____
City/ST: _____ Zip _____	Home Phone: _____

HOW DID YOU FIRST LEARN OF ST. PAUL'S SENIOR HOMES & SERVICES?

- Newspaper or other Advertisement (Please specify name): \_\_\_\_\_
- Yellow Pages
- Church ..... Name: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
Ministers Name: \_\_\_\_\_
- Open House (Date): \_\_\_\_\_
- Physician (Name): \_\_\_\_\_
- Current Resident: \_\_\_\_\_
- Family Member (Relationship and name): \_\_\_\_\_
- Friend (Name): \_\_\_\_\_
- Other (Please explain): \_\_\_\_\_

WHAT ARE THE MAJOR FACTORS IN YOUR DECISION TO CHOOSE OUR RETIREMENT COMMUNITY?

Please number from 1 through 6. (1 being most important and 6 least important)

__ Location	__ Friend in residence	__ Atmosphere
__ Levels of care	__ Cost	__ Services

Which particular unit are you interested in? _____
When would you like to begin residency? _____

Please return this completed form, along with the Financial Disclosure Form & Physician's Report to:  
*St. Paul's Villa*  
Admissions Department  
2340 Fourth Avenue  
San Diego, CA 92101  
T: 619-232-2996