

St. Paul's Manor

2635 Second Avenue
San Diego, California 92103

619-239-2097 • 619-236-0034 (fax)

stpaulseniors.org

St. Paul's Manor
is an Independent Retirement Community of

 **St. Paul's**
Senior Homes & Services

328 Maple Street
San Diego, CA 92103
619-239-6900



ADMISSION STANDARDS

1. St. Paul's Senior Homes & Services is 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 satisfactory physical health as determined by their personal doctor and the examining health care professional at St. Paul's Manor that allows safe living at St. Paul's Manor, as it is not an assisted living or 24-hour skilled nursing community.
 - (c) Able to live harmoniously with other residents.
 - (d) Able to demonstrate independent living ability to Administrator and/or designee.
3. In the 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) Current Residents.
 - (b) Approved couples.
 - (c) 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

St. Paul's Manor

Independent Living

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Lic# 370800558

APPLICATION FOR ADMISSIONS

St. Paul's Manor Rate Schedule

Effective September 1, 2011

Independent Living

St. Paul's Manor (*Building*)

Rates include: accommodation, utilities, (except telephone and cable TV), three meals per day, weekly linen service and semi-monthly housekeeping.

Apartment	Rent (per month)*
"A" (Standard studio)	\$1,515 - \$1,582 Single Occupancy
"B" (Large studio)	\$1,705 - \$1,770 Single Occupancy
"C" (One-bedroom)	\$2,012 - \$2,031 Single Occupancy \$2,824 - \$2,843 Double Occupancy

St. Paul's Manor (*Tower*)

Rates include: accommodation, dinner meal, utilities (except telephone and cable TV), and semi-monthly housekeeping.

Apartment	Rent (per month)*
"J" (One-bedroom)	\$1,696 - \$1,853 Single Occupancy \$2,247 - \$2,404 Double Occupancy
"K" (Standard studio)	\$1,362 - \$1,483 Single Occupancy
"L" (Large studio)	\$1,462 - \$1,812 Single Occupancy

*Manor and Tower rates vary in relation to size and location of apartment.



APPLICATION FOR ADMISSIONS

Section 1

Date: _____ Name: Mr., Mrs., Ms. _____

Address: _____

City/State/Zip: _____

Telephone: _____ Birth Date: _____

Place of Birth: _____ Previous Residence: _____

Social Security #: _____ Medicare #: _____

Medical Insurance Carrier: _____ Religious Denomination: _____
(i.e., medicare supplement, medicare HMO)

Physician Name: _____ Physician Telephone: _____

Address: _____

City/State/Zip: _____

Do you
<input type="checkbox"/> Own Home
<input type="checkbox"/> Rent Home

Section 2

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, specify: _____

Any contagious or infectious diseases? _____ If so, specify: _____

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

If so, specify: _____

Are you personally able to live independently and without assistance? _____



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APPLICATION FOR ADMISSIONS

Section 3

Relatives, Guardians, Conservators or Friends:

1/ Name: _____ Relationship: _____

Address: _____ Work Phone: _____

City/St.: _____ Zip: _____ Home Phone: _____

2/ Name: _____ Relationship: _____

Address: _____ Work Phone: _____

City/St.: _____ Zip: _____ Home Phone: _____

Section 4

How did you first learn of St. Paul's Senior Homes & Services? *(Check all that apply)*

- Newspaper/Advertisement *(Please specify):* _____
- Yellow Pages
- Church Name: _____
- Open House *(Date):* _____
- Physician *(Name):* _____
- Current Resident: _____
- Family Member *(Name/Relationship):* _____
- Friend *(Name):* _____
- Other *(Please specify):* _____

What are the major factors in your decision to choose our retirement home community?

(Please number from 1 through 6 starting with 1 being the most 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 Manor
Admissions Department
2635 Second Avenue
San Diego, CA 92103



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Financial Disclosure to St. Paul's Senior Homes & Services

St. Paul's Senior Homes & Services (St. Paul's) respects the privacy of every applicant and does not desire to intrude into any applicant's personal financial circumstances other than to have assurance that the necessary amounts needed to provide for the applicant's extended lodging, food, health care and personal needs are available to the potential resident.

The applicant and/or responsible party understands that St. Paul's will rely on the financial information regarding the applicant's assets, liabilities, income and expenses in making its determination as to whether the applicant will be admitted to St. Paul's facilities and that St. Paul's would not admit the resident to the facilities but for the accuracy and truthfulness of such information. The applicant and/or responsible party understands that the resident may be discharged by St. Paul's if it discovers that any such information has been misrepresented or omitted by the resident/responsible party, regardless of whether such misrepresentation or omission could have been discovered earlier by St. Paul's.

Financial Statement

Full Name: _____ Social Security #: _____

Income & Expenses

Monthly Income

Social security	\$ _____
Pensions	\$ _____
Annuities (____ (X) lifetime or ____ years ending _____)	\$ _____
Interest income	\$ _____
Dividends	\$ _____
Rental income	\$ _____
Other income (_____)	\$ _____
(_____)	\$ _____

Monthly Expenses

Health insurance	\$ _____
Other household & personal expenses	\$ _____

Assets

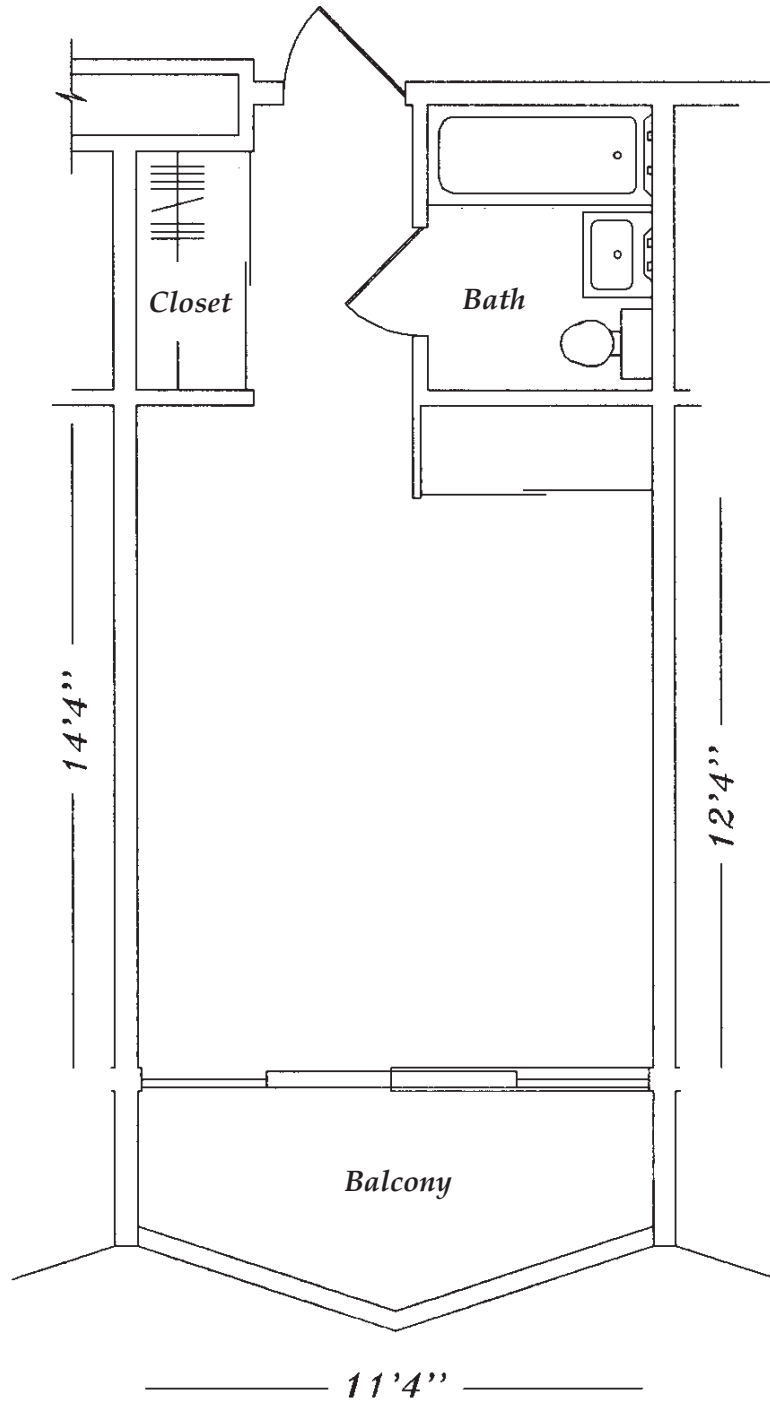
Bank - checking	\$ _____
savings/CDs	\$ _____
Broker - money market funds	\$ _____
fixed income securities (bonds, preferred stocks)	\$ _____
equities (stocks)	\$ _____
Real estate - residence (net of any outstanding loans)	\$ _____
other (vacation home/rentals) (net)	\$ _____
Other assets - (_____)	\$ _____

I DECLARE UNDER PENALTY OF PERJURY that the foregoing financial information is a true statement of facts known by me, and that it is submitted as part of an application for residency at St. Paul's facilities. I also declare that all of the above assets are available to the Applicant to provide for the future needs of the Applicant, and that none of the assets will be transferred to another individual or individuals to avoid liability for those needs.

Date Applicant for Residency or _____
Date Financially Responsible Party

Apartment A

Manor Building • Small Studio



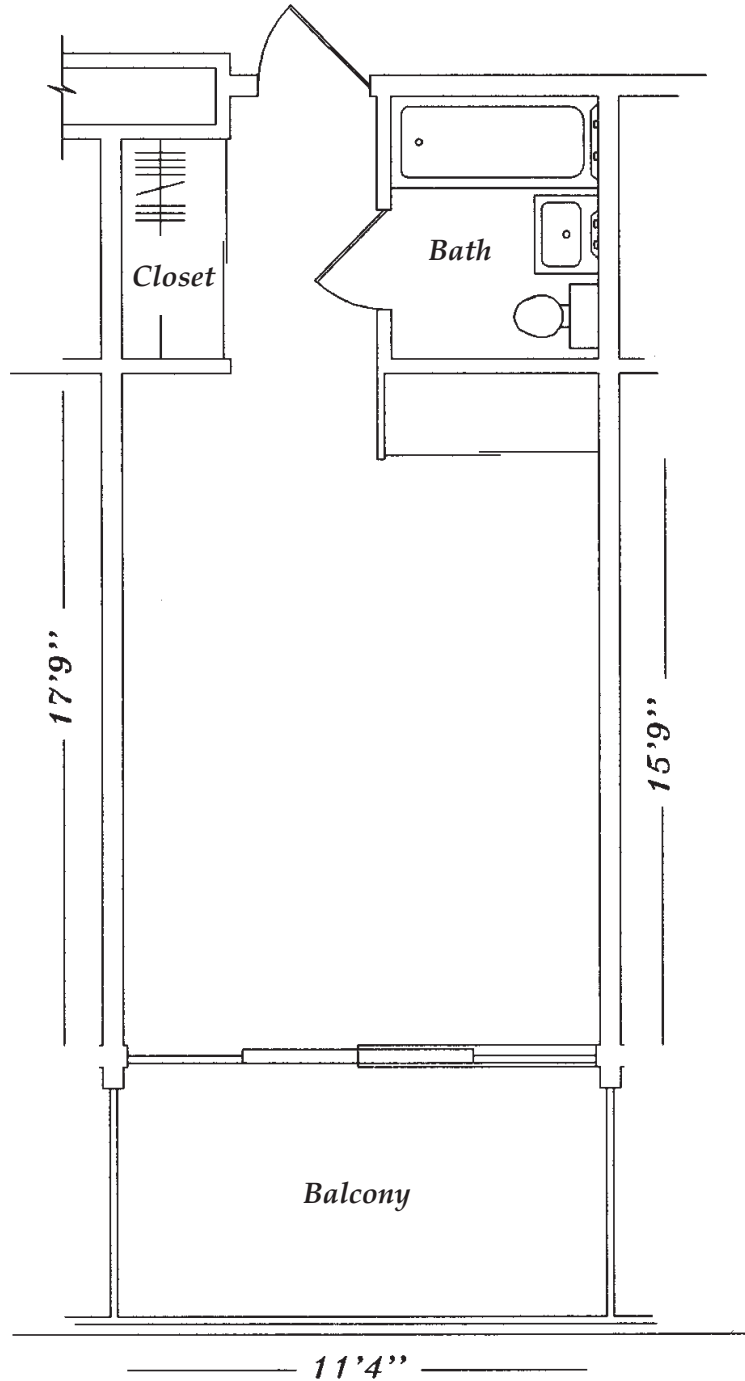
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Apartment B

Manor Building • Large Studio



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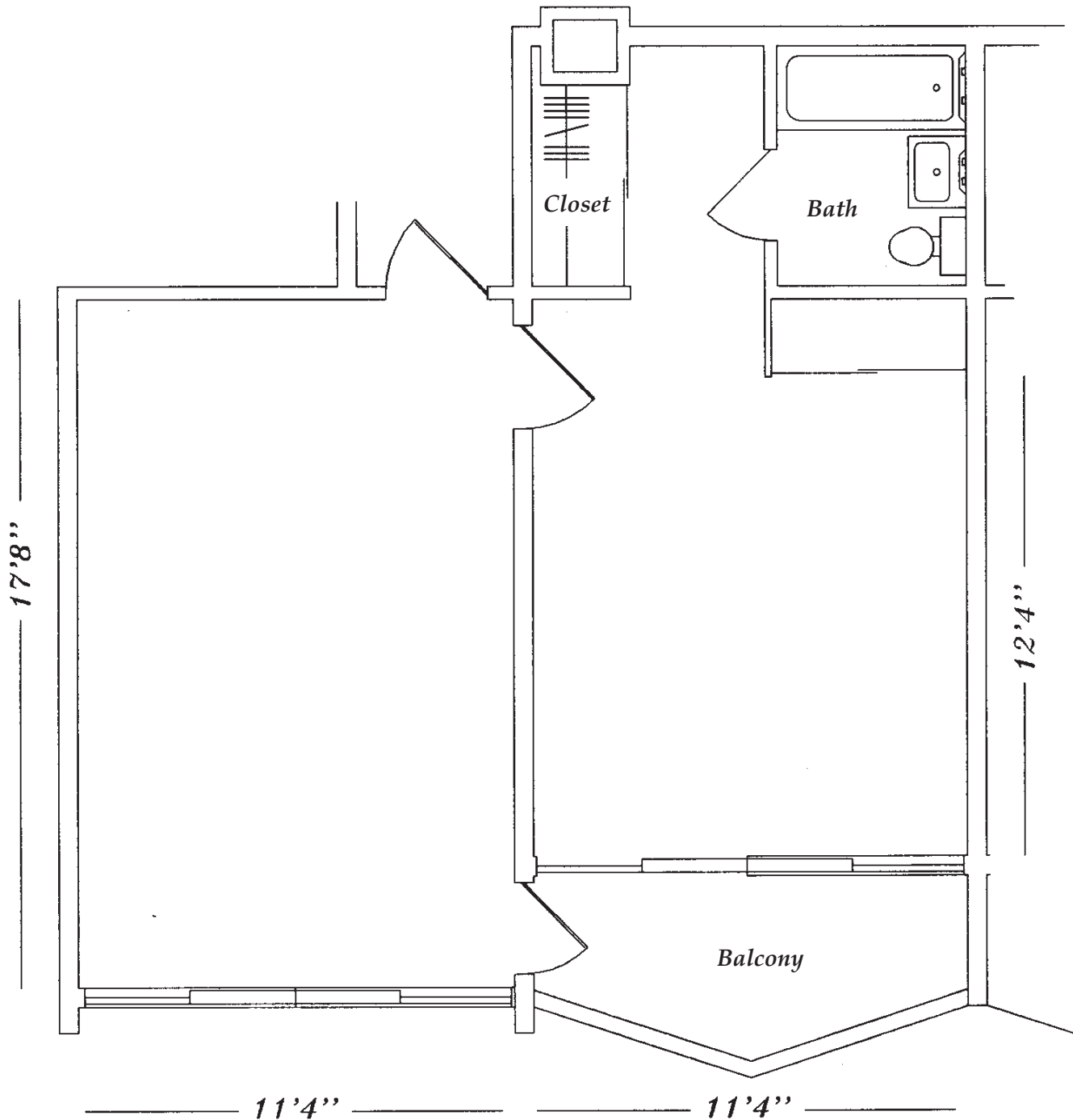
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Apartment C

Manor Building • One Bedroom



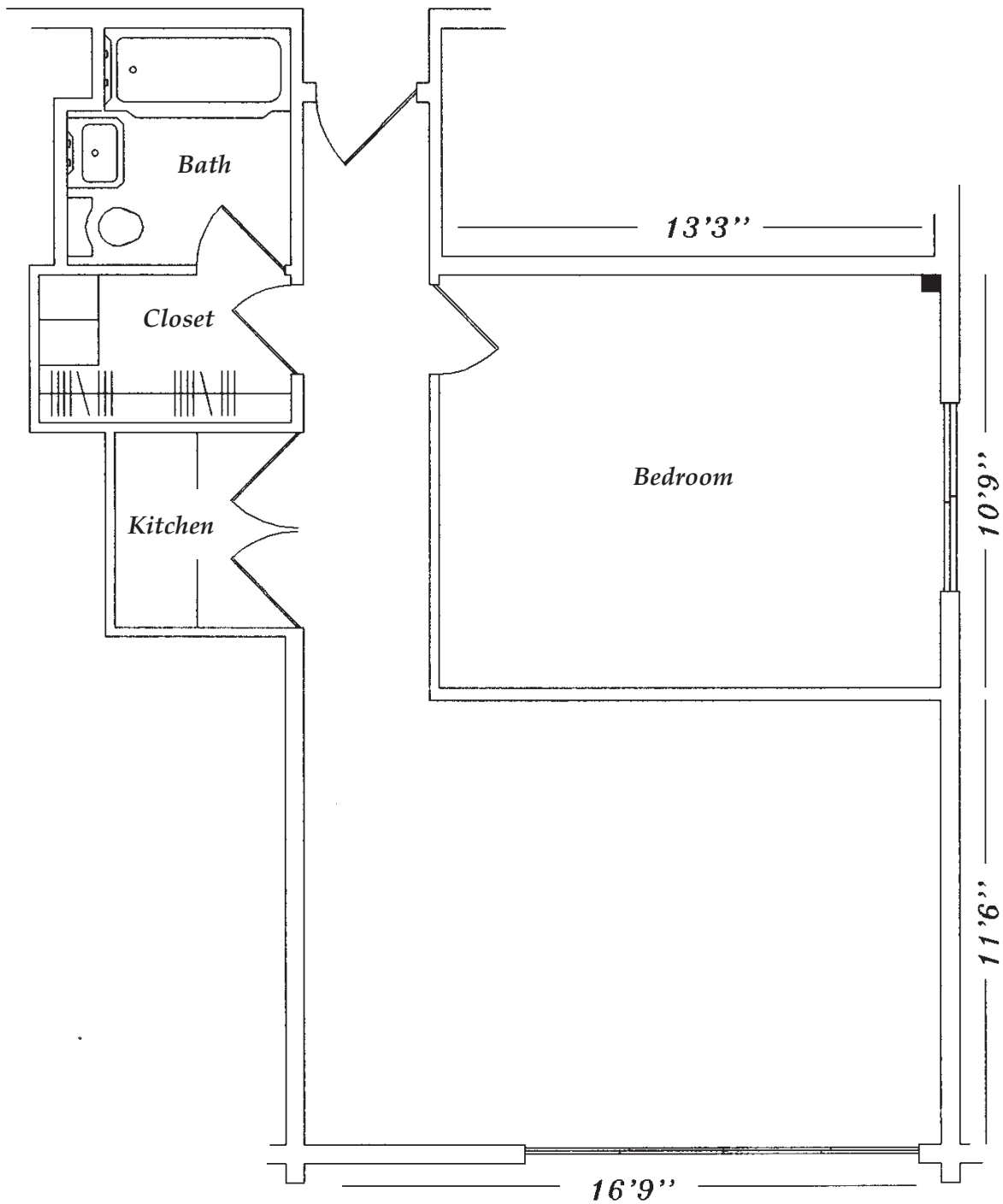
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Apartment J

Manor Tower • One Bedroom with Kitchenette



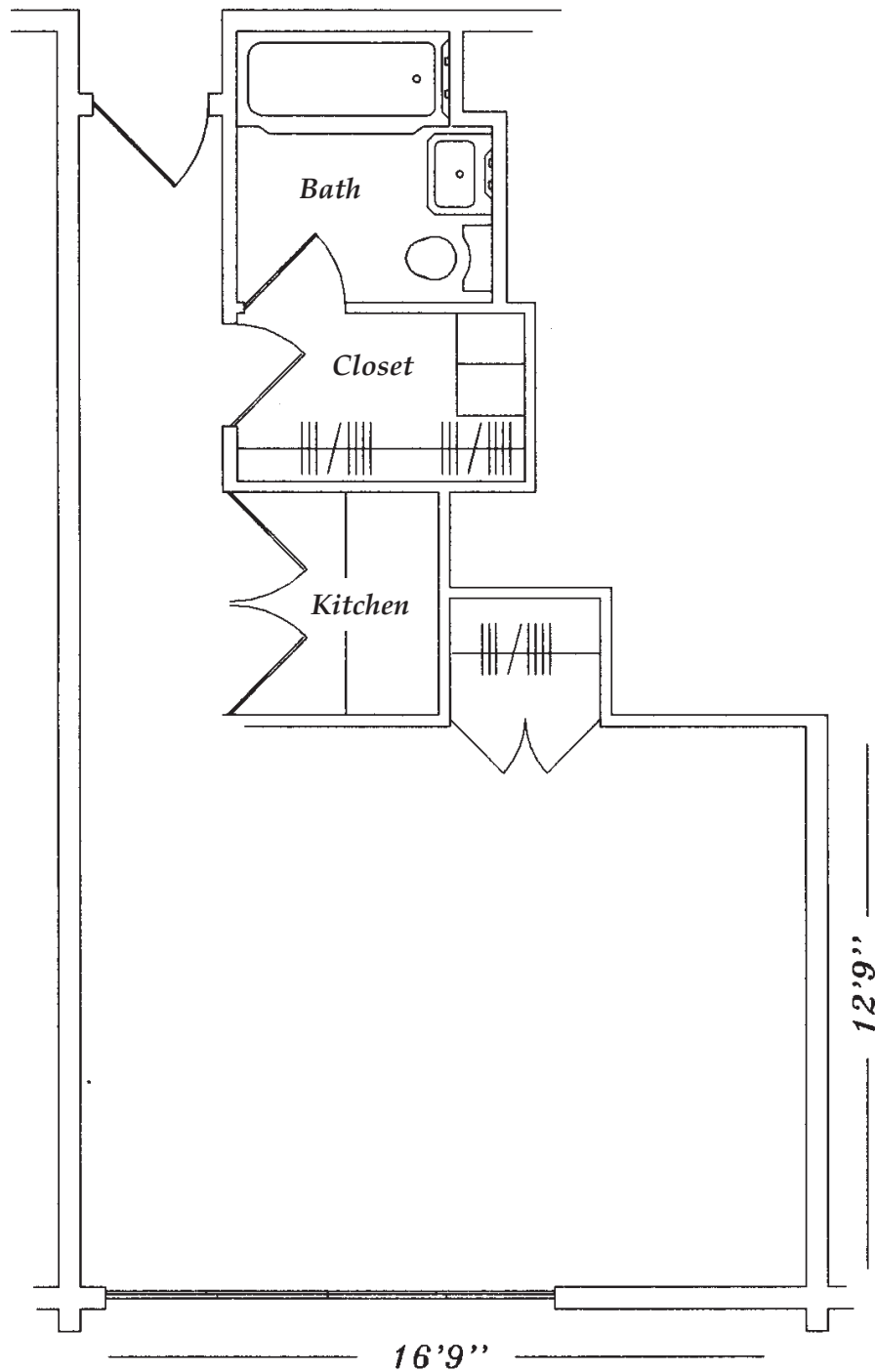
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Apartment K

Manor Tower • Small Studio with Kitchenette



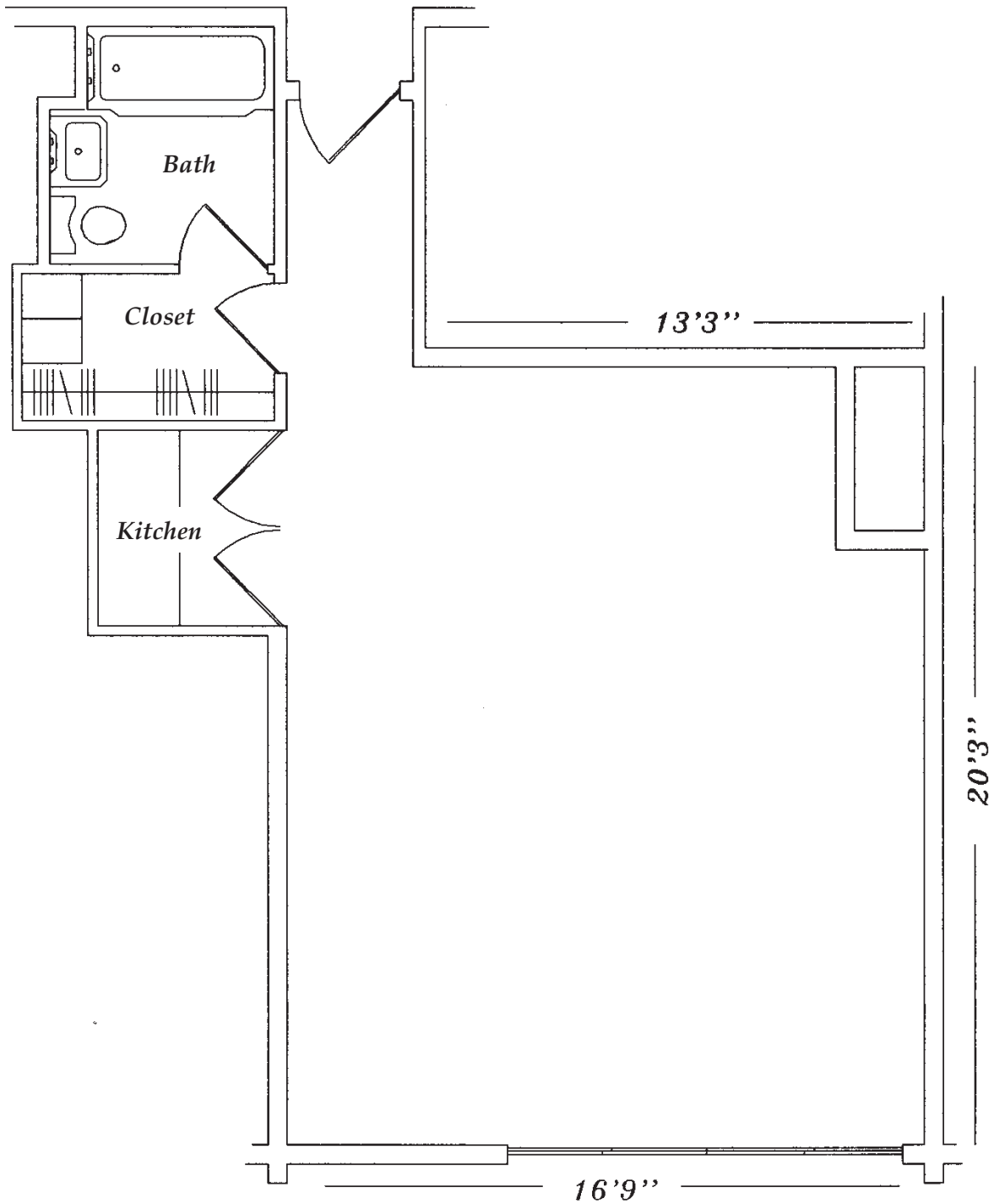
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Apartment L

Manor Tower • Large Studio with Kitchenette



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