

APPLICATION FOR ADMISSION

St. Paul's Manor is licensed by the State of California Department of Social Services as a Residential Care Facility for the Elderly, License #370800558. St. Paul's Manor is operated on a non-discriminatory basis, and affords equal treatment and access to services to eligible persons regardless of sex, race, color, religion, national origin, marital status, registered domestic partner status, ancestry, actual or perceived sexual orientation, or actual or perceived gender identity, in accordance with the Health & Safety Code 1439.51.

QUALIFICATIONS:

In order to qualify for admission, applicants must be:

- 60 years of age or over at the time of admission
- Able to maintain self without assistance in the activities of daily living
- Able to ambulate without assistive devices (i.e., walker or wheelchair) in the common areas of the building (dining room, living room, etc.). A cane is permitted as long as the Resident is able to ambulate without it in case of an emergency.
- Able to walk up/down one flight of stairs, in case of emergencies.
- Able to understand medication dosage instructions, and be able to self-administer medications.
- Have sufficient cognitive ability to:
 - o Keep track of time, know when to go to meals, medical appointments, social activities, etc.
 - o Navigate throughout the building.
 - o Demonstrate effective verbal and written communication skills, ability to carry on mutual conversation with other residents and staff, ability to read the dining room menu, read signs posted around the building, and follow general directions.

APPLICATION PROCESS:

- Complete St. Paul's Manor Application for Residency.
- Have physician complete the Physician's Report Package (form 602-A). This is required by our State licensing agency, the Department of Social Services.
- Turn both completed forms in to the Admissions Specialist.
- Admissions Specialist will present the Application/Finances to the Administrator for approval.
- Admissions Specialist will present the Physician's Report to the Resident Services Coordinator, who will review your entire application and physician report, and contact you to schedule an applicant assessment.
- Once approval is received by the Administrator and Resident Services Coordinator, the Admissions Specialist will work with you to coordinate the signing of the admissions agreement and coordinate your move-in.

ST. PAUL'S MANOR APPLICATION FOR ADMISSION

Section 1 – Demographic Information

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____ Secondary: _____

Email: _____ Place of Birth: _____

Occupation/Career: _____ Religion: _____

Military Veteran? _____ Branch of Service: _____

Social Security #: _____ Medicare #: _____

Medicare Insurance Carrier (HMO/Advantage Plan): _____

Physician (PCP) Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Alt Physician: _____ Phone: _____

Address: _____ City/State/Zip: _____

Section 2 – Emergency Contacts

1/Name: _____ Relationship: _____

Address: _____ Phone #1: _____

City/State/Zip: _____ Email: _____

2/Name: _____ Relationship: _____

Address: _____ Phone #1: _____

City/State/Zip: _____ Email: _____

3/Name: _____ Relationship: _____

Address: _____ Phone #1: _____

City/State/Zip: _____ Email: _____

Section 3 – Health Information

Any recent serious illness or surgery? _____ If so, what: _____

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

Are you dependent upon any mechanical aids (i.e. cane or walker)? _____

Do you require a special diet? _____ If so, specify: _____

Do you have any allergies to medications or foods? _____

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

Do you take medications (including non-prescription)? If so, please specify: _____

Are you able to live independently and without assistance? _____

Section 4 – Hobbies & Interests

Where have you lived before? _____

Section 5 - Referral

How did you first learn about St. Paul's Senior Services? _____

Did a Manor resident recommend that you apply? Name: _____

What are the major factors in your decision to choose our community? Check all that apply:

___Location ___Friend in residence ___Atmosphere ___Cost ___Services

What type of apartment are you interested in? _____

When would you like to move in? _____

Signature: _____ Date: _____

THE MANOR

ON BANKERS HILL

St. Paul's Manor

Active Residential Living

2635 Second Avenue, San Diego, CA 92103

PH: 619.239.2097

FAX: 619.677.3895

Lic# 370800558

Section 6

Financial Disclosure

St. Paul's Senior 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 misrepresentations or omission could have been discovered earlier by St. Paul's.

FINANCIAL STATEMENT

Applicant Name: _____ Social Security #: _____

Monthly Income:

Social Security	\$ _____
Pensions	\$ _____
Interest Income	\$ _____
Annuity (lifetime _____ or years ending _____)	\$ _____
Trust (Name _____)	\$ _____
Family Support	\$ _____
VA Aid & Attendance	\$ _____
Long Term Care Policy (lifetime _____ or cap _____)	\$ _____
Other: _____	\$ _____

Monthly Expenses:

Health Insurance	\$ _____
Prescriptions, medical expenses	\$ _____
Living expenses	\$ _____
Auto/mortgage/rent (continuing)	\$ _____
Other: _____	\$ _____

Current Assets:

Checking Account	\$ _____
Savings Account	\$ _____
Stocks/Bonds (currently accessible?)	\$ _____
Trust (Name _____)	\$ _____
401K (penalty for withdraw?)	\$ _____
Real Estate Equity – residence	\$ _____
other (vacation/rental)	\$ _____

Other: _____ \$ _____

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.

_____	OR	_____
Date	Applicant for Residency	Date Financially Responsible Party