



1420 East Palomar Street
Chula Vista, CA 91913
(619) 591-0600
StPaulsSeniors.org
Lic#374603643

Application for residency

St. Paul's Plaza is an Active Residential,
Assisted and Memory Care Community of



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



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ADMISSION STANDARDS

1. St. Paul's Senior Service 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 sex, race, color, religion, national origin, marital status, registered domestic partner status, ancestry, actual or perceived sexual orientation, or actual or perceived gender identity.
2. In order to qualify for admission to one of St. Paul's Senior 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 Plaza that allows safe living at St. Paul's Plaza, as it is not a 24-hour skilled nursing community.
 - (c) Able to live harmoniously with other residents.
3. In the case of married couples, one partner must be sixty years of age or older.
4. Applications are generally acted on in the order of receipt of deposit and on the availability of the requested unit.
5. 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.
6. At St. Paul's Senior 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.
7. A **community fee of \$2,500.00** is payable at time of reservation.

The following is a brief disclosure regarding the fee you are paying. Please read this carefully as this applies to you for the first 90 days of your stay with us. According to California Health & Safety Code § 1569.651, we must refund the pre-admission fee in full (100%) if you do not enter the facility, and the facility does not perform an appraisal (assessment.) Proportional refunds of pre-admission fees in excess of \$500 are required during the first three months:

- 80% if you do not enter the facility but a pre-admission appraisal was done
 - 80% if you leave the facility during the first month for any reason
 - 60% if you leave the facility during the second month for any reason
 - 40% if you leave the facility during the third month for any reason
8. The Board of Directors of St. Paul's Senior Services, retains the right to make deviations from the above policy on a case-by-case basis.



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APPLICATION FOR ADMISSIONS

Section 1

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

Address: _____

City/State/Zip: _____

Telephone: _____ Birth Date: _____

Email: _____

Do you

Own Home
 Rent Home

Place of Birth: _____ Primary Language: _____

Marital Status: _____ Level of Education: _____

Religious Denomination: _____ Military Service: _____

Branch: _____ Veteran or Spouse: _____

Social Security #: _____ Medicare #: _____

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

Physician Name: _____ Physician Telephone: _____

Physician Address: _____

Physician City/State/Zip: _____

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: _____ Cell Phone: _____

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

Email: _____

2/ Name: _____ Relationship: _____

Address: _____ Cell Phone: _____

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

Email: _____

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):* _____

Referral Agency: _____

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 Plaza

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Financial Disclosure to St. Paul's Senior Services

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

Financial Statement

Full Name: _____ Social Security #: _____

Monthly Income

Social security	\$ _____
Pensions	\$ _____
Interest income	\$ _____
Annuities (____ lifetime or ____ years ending _____)	\$ _____
Trust (Name _____)	\$ _____
Family Support (if significant, must complete separate financial statement)	\$ _____
Veterans Aid & Attendance	\$ _____
Long Term Care Policy (lifetime _____ or cap _____)	\$ _____
Other income (_____)	\$ _____

Monthly Expenses

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

Current Assets

Checking Account	\$ _____
Savings Account / CDs	\$ _____
401K (penalty for withdrawal?)	\$ _____
Stocks / Bonds (currently accessible?)	\$ _____
Trust (Name _____)	\$ _____
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

Date Financially Responsible Party