Application for residency

St. Paul’s Manor
is a Residential Living Community of

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

QUALIFICATIONS:

In order to qualify for admission, applicants must be:

• 60 years of age or over at the time of admission
• 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 if 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 directions of medications, and be able to administer them.
• Have sufficient cognitive ability to:
  o Keep track of time-know when to go to meals, medical appointments, etc.
  o Find the way around the building.
  o Have normal communication skills, such as having understandable conversations with staff and residents, read the dining room menu, read signs posted in the elevators and around the building, and follow directions.

APPLICATION PROCESS:

• Complete St. Paul’s Manor Application for Residency.
• Have your physician complete the Physician’s Report Package (form 602-A). This is required by our licensing agency, the Department of Social Services.
• Turn both completed forms in to the Admissions Specialist.
• Admissions Coordinator will present the Application/Finances to the Administrator for approval.
• Admissions Coordinator will present the Physician’s Report to the Resident Services Coordinator, who will review the report, and then contact you to schedule appointment for applicant interview.
• 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.
APPLICATION FOR ADMISSION

Section 1
Date: __________ Name: ____________________
Address: ____________________________________________
City/State/Zip: __________________________________________
Telephone: ______________ Birth Date: ______________________
Social Security #: _____________________ Medicare #: ______________________
Medicare Insurance Carrier: ____________________ Religion: ______________________
Physician Name: __________________________ Physician Phone: ______________________
Address: __________________________________________ City/State/Zip: ________________

Section 2
Have you had any recent serious illnesses or surgeries? __________ 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: __________________________
Any contagious or infectious diseases? ____________ If so, specify: __________________________
Do you require regular use of medications (including non-prescriptions)? Yes No
Please specify: __________________________________________________________________
Are you able to live independently and without assistance? ____________________________
## APPLICATION FOR ADMISSION

### Section 3

Emergency Contact Information

1/Name: ___________________________  Relationship: ___________________

Address: ___________________________  Work Phone: ___________________

City, State: ___________________________  Home Phone: ___________________

2/Name: ___________________________  Relationship: ___________________

Address: ___________________________  Work Phone: ___________________

City, State: ___________________________  Home Phone: ___________________

### Section 4

How did you first learn about St. Paul’s Senior Services? (check all that apply)

- Newspaper/Advertisement *(please specify):* ___________________________
- Yellow Pages
- Church: ___________________________
- Physician *(name):* ___________________________
- Current Resident: ___________________________
- Family Member *(name/relationship):* ___________________________
- Friend: ___________________________
- Other: ___________________________

What are the major factors in your decision to choose our retirement 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? ___________________________
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 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 – 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