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
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.
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: _______________________________
Marital Status  _________________________________

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? _______________________________
APPLICATION FOR ADMISSIONS

Section 3

Relatives, Guardians, Conservators or Friends:
1/ Name: __________________________________ Relationship: _______________________________
Address: ___________________________________________ Cell Phone: _______________________________
City/St.: ________________________ Zip: _________ Home Phone: _______________________________
2/ Name: ____________________________________ Relationship: _______________________________
Address: ______________________________________ Cell 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): _______________________________________________________________________
□ 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
Assisted Living / Memory Care
1420 East Palomar Street, Chula Vista, CA 91913
(619) 591-6900          Lic# 374603643
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**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social security</td>
<td>$ __________</td>
</tr>
<tr>
<td>Pensions</td>
<td>$ __________</td>
</tr>
<tr>
<td>Interest income</td>
<td>$ __________</td>
</tr>
<tr>
<td>Annuities (____ lifetime or ____ years ending ____________)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Trust (Name____________________________________)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Family Support (if significant, must complete separate financial statement)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Veterans Aid &amp; Attendance</td>
<td>$ __________</td>
</tr>
<tr>
<td>Long Term Care Policy (lifetime _____ or cap _____)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Other income (________________________________)</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

**Monthly Expenses**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance</td>
<td>$ __________</td>
</tr>
<tr>
<td>Prescriptions, medical expenses</td>
<td>$ __________</td>
</tr>
<tr>
<td>Living expenses</td>
<td>$ __________</td>
</tr>
<tr>
<td>Auto/mortgage/rent (continuing)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Other (________________________________)</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

**Current Assets**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account</td>
<td>$ __________</td>
</tr>
<tr>
<td>Savings Account / CDs</td>
<td>$ __________</td>
</tr>
<tr>
<td>401K (penalty for withdrawal?)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Stocks / Bonds (currently accessible?)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Trust (Name__________________________________)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Real Estate - residence (net of any outstanding loans)</td>
<td>$ __________</td>
</tr>
<tr>
<td>- other (vacation home/rentals) (net)</td>
<td>$ __________</td>
</tr>
<tr>
<td>Other assets (__________________________)</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

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