APPLICATION FOR ADMISSION

Applicant Name _____

Co-Applicant Name _____

Address _____

City _____ State _____ Zip _____ Phone (_____)_____

Email _____

Legal Residence: State _____County_____ How long? _____

State of Birth _____ Place of Birth _____ Date of Birth _____

Are you a Veteran? Yes ☐ No ☐ If yes, what branch of service?_____

Are you: Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐

Names of Children	**Address**	**Telephone**

Names of other close relatives and their relationship to you

_____

_____

Do you plan to bring a car to Deerfield? ☐ Yes ☐ No If yes, how many? _____

Do you plan to bring a pet to Deerfield? ☐ Yes ☐ No If yes, how many? _____

Where have you lived most of your life?

_____

What is your current or former profession, trade, or occupation? What organization or company?

In what types of community service have you been involved?

What are your hobbies?

To what fraternal, social, or professional organizations do (or did) you belong?

Religious affiliation or preference?

Place of membership?

Your attorney and/or trust officer:

Name_____ Phone (_____) _____

Address _____

Name_____ Phone (_____) _____

Address _____

Do you have a current Power of Attorney? ☐ Yes ☐ No Does it include health care? ☐ Yes ☐ No

Held by: Name _____Phone (_____) _____

Address _____

Do you have a Living Will? ☐ Yes ☐ No

Held by: Name _____Phone (_____) _____

Address _____

Have you lived in another retirement community? ☐ Yes ☐ No

If yes, where? _____

List a person we might contact if you were away from Deerfield:

Name_____ Phone (_____) _____

Address _____

PERSONAL HEALTH HISTORY

Applicant Name _____Height_____ Weight _____

Sex _____ Date of Birth _____

Co-Applicant Name _____

Please list any current medical problems and the approximate date of onset.

Please list the medications you are currently taking: indicate dosage, frequency, and when you started taking the medication.

Please list all major surgeries, serious illness, or hospitalizations (include the approximate date).

Are you living independently without assistance? ☐ Yes ☐ No

If no, please indicate the areas in which you need assistance, including the need for home health care and assistive devices.

Deerfield AN EPISCOPAL RETIREMENT COMMUNITY
1617 Hendersonville Road Asheville, NC 28803 828-274-1531 1-800-284-1531 Fax 828-274-0238

Will you be able to move about the community independently? ☐ Yes ☐ No

If no, please indicate limitations.

General medical conditions: Please check any that relate to you and briefly explain below.

- ☐ Active Communicable Disease
- ☐ Alcoholism or Drug Addiction
- ☐ Allergies or Sensitivities
- ☐ Anemia
- ☐ Arthritis, Gout
- ☐ Cancer
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Eye Disease or Blindness
- ☐ Fractures
- ☐ Heart Disease/Pacemaker
- ☐ Hernia (not repaired)
- ☐ Ulcer or Stomach/Digestive Problem
- ☐ Psychiatric Disorder
- ☐ High Blood Pressure
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Hepatitis, Cirrhosis
- ☐ Lung Disease, Asthma
- ☐ Emphysema, TB, or Bronchitis
- ☐ Neurological Disease (Multiple Sclerosis, Muscular Dystrophy or Parkinson's)
- ☐ Paralysis
- ☐ Polio
- ☐ Stroke or TIAs

Explanations

Please list your physicians and dentist.

Name	**Address**	**Telephone**

Hospital preference _____

Are you an organ donor? ☐ Yes ☐ No

Are you a body/brain donor? ☐ Yes ☐ No If yes, please specify. _____

_____ _____

Signature Date

CONFIDENTIAL FINANCIAL STATEMENT

Applicant Name _____ Date of Birth _____

Sex _____

Applicant Name _____ Date of Birth _____

Sex _____

Residence Reserved or Preferred _____ Expected Date of Move-in _____

ASSETS

Value of Real Estate	$ _____
Investments	$ _____
Savings, Checking, CD's	$ _____
Other (please describe)_____	$ _____
_____	

TOTAL ASSETS $ _____

LIABILITIES

Mortgage on Home	$ _____
Mortgage(s) on other Real Estate	$ _____
Other Debts or Liabilities (itemize)	$ _____
_____	$ _____
_____	$ _____

TOTAL LIABILITIES $ _____

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MONTHLY INCOME

	Single or Husband & Wife Combined	To Wife if Spouse Predeceases	To Husband if Spouse Predeceases
Social Security	$ _____	$ _____	$ _____
Pension	$ _____	$ _____	$ _____
Pension	$ _____	$ _____	$ _____
Investments (interest and dividends)	$ _____	$ _____	$ _____
Retirement Annuity	$ _____	$ _____	$ _____
Other (itemize)	$ _____	$ _____	$ _____
	$ _____	$ _____	$ _____
TOTAL	$ _____	$ _____	$ _____

Do you have long term care insurance?

Applicant: ☐ Yes ☐ No Co-Applicant: ☐ Yes ☐ No

If yes, please answer the following:	Applicant	Co-Applicant
Benefit period	_____	_____
Assisted Living daily benefit	_____	_____
Skilled Nursing daily benefit	_____	_____
Inflation adjusted	_____	_____
Annual premium	_____	_____

PENSION(S) have and will be subject to cost of living increases. ☐ Yes ☐ No

The information provided in this Confidential Financial Statement is true and may be relied upon with confidence by the Admissions Committee of Deerfield in my (our) application process. I (we) understand that additional information may be requested from time to time even after admission, and that if accepted for residency, I (we) will not transfer or reduce resources necessary to carry out the financial commitment to Deerfield.

_____ _____

Signature Date

_____ _____

Signature Date