

# 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 \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



AN EPISCOPAL RETIREMENT COMMUNITY

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 \_\_\_\_\_

# APPLICATION FOR ADMISSION

Applicant Name \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

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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? \_\_\_\_\_  
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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.

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

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

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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.

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

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

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.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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\_\_\_\_\_  
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**

	Combined	Applicant	Co-Applicant
Social Security	\$ _____	\$ _____	\$ _____
Pension * _____	\$ _____	\$ _____	\$ _____
Pension * _____	\$ _____	\$ _____	\$ _____
Investments (interest and dividends)	\$ _____	\$ _____	\$ _____
Retirement Annuity	\$ _____	\$ _____	\$ _____
Other (itemize)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

\*Please note above if pension has survivorship benefits and the amount of such.

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