

## 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

1617 Hendersonville Road Asheville, NC 28803 828-274-1531 1-800-284-1531 Fax 828-274-0238

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 \_\_\_\_\_

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

1617 Hendersonville Road Asheville, NC 28803 828-274-1531 1-800-284-1531 Fax 828-274-0238

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.

---

---

---



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, or Bronchitis
_____ Diabetes	_____ Neurological Disease (Multiple Sclerosis, Muscular Dystrophy 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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.

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



## 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** \$ \_\_\_\_\_



AN EPISCOPAL RETIREMENT COMMUNITY

1617 Hendersonville Road Asheville, NC 28803 828-274-1531 1-800-284-1531 Fax 828-274-0238

## 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