

Penn Home

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(215) 739-0216 Fax
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A NON-PROFIT PERSONAL CARE RETIREMENT RESIDENCE

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United Way
of Southeastern Pennsylvania

#00799

ADMISSION APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Birth Date: _____

Eye Color: _____

Hair Color: _____

Height: _____ ft. _____ in. Weight: _____

Identifying Marks (if any): _____

Birthplace: _____

Marital Status: Widowed _____ Single _____ Married _____

Social Security Number: _____

Medicare Number: _____

Blue Cross-Blue Shield Number (or equivalent):

Occupation: _____

Total Monthly Income: _____

**(Attachment F-1 must be completed and returned with
this application.)**

Citizenship: USA _____ Other: _____

Church Affiliation, if any:

Serving the Community Since 1848

Father's Name: _____

Birthdate: _____

Birthplace: _____

Mother's Maiden Name: _____

Birth date: _____

Deceased Spouse's Name: _____

Date and Place of Marriage: _____

Date of Death: _____

Names, Addresses, and Telephone Numbers of Closest Relatives:

Name, Address, and Telephone Number of "Designated Person"
(the person chosen by you to be notified in the case of emergency,
termination of service, home closure, and other similar situations):

Names, Addresses, and Telephone numbers of two persons who
can be contacted as references: _____

List all Medical and Physical conditions: _____

List all Medications: _____

Have you been hospitalized within the past year: YES ___ NO ___

If Yes, list reason: _____

Do you have a Will: YES___ NO ___

Name, Address, and Telephone number of Executor: _____

Do you have a Burial plot or grave: YES___ NO ___

If Yes, where is it located, who holds the deed: _____

Please list name of funeral home: _____

Have you or your spouse served in the military service: YES___ NO ___

If Yes, list branch and dates of service: _____

List membership in any lodge or beneficial societies:

Date

Applicant's Signature

CERTIFICATION OF INCOME AND RESOURCES

DO YOU HAVE ANY OF THE FOLLOWING?	YES	NO	GROSS AMOUNT
Cash on hand			
Savings accounts, including joint accounts			
Checking accounts, including joint accounts			
Christmas or vacation club			
Credit Union account			
Trust Account			
Burial account or burial fund			
Stocks, bonds, certificates or money market funds			
Life insurance			
Own a home, including a mobile home			
Licensed or unlicensed motor vehicle (car, truck, motorcycle, etc.) Make: _____ Model: _____ Year: _____ Title Number: _____			

DO YOU RECEIVE INCOME FROM ANY OF THE FOLLOWING?	YES	NO	GROSS AMOUNT
Wages, salaries, training allowance, etc...			
Alimony			
Dividends, interest from stocks, bonds, savings, etc..			
Room and board or rental income			
Public assistance or blind pension			
Social Security Income			
Social Security Disability Income			
Supplemental Security Income			
CONTINUED ON PAGE 2			

DO YOU RECEIVE INCOME FROM ANY OF THE FOLLOWING?	YES	NO	GROSS AMOUNT
Black Lung Benefits			
Veterans Pension or Benefits			
UMWA (United Mine Workers) or other benefits			
Workers Compensation or sick benefits			
Relative or Someone Else			
Other Retirement or Pensions (specify)			
Other sources (specify)			

Signed: _____

Date: _____