VALLEY VIEW
Retirement Community

Application

The Haven

Skilled Nursing

VALLEY VIEW
Retirement Community

Haven Application For Residency

Hello and Welcome!

Thank you for taking the time to learn more about our community. We know that making a decision like this is a meaningful step, and we want you to feel supported throughout the process.

As part of exploring whether this could be the right fit for you, we encourage you to complete our application for admission. This allows us to better understand your interest, your timing, and your needs, as well as review the financial requirements for potential future admission.

Please know we're here to answer any questions along the way. We look forward to learning more about you and helping you through this important decision.

Kammi Booher, Director of Admissions
717-935-2105, ext. 1450
kbooher@vvrconline.org

Please complete the entire application and submit it:

Email to **INFO@VVRCONLINE.ORG** or Fax to **717-935-5109** or mail or drop off at:

VALLEY VIEW RETIREMENT COMMUNITY
4702 E. Main St.
Belleville, PA 17004

Since 1968, Valley View Retirement Community has been enriching the lives of older adults in a manner that demonstrates God's love.

Valley View Retirement Community (VVRC) will comply with all applicable federal and state anti-discrimination requirements with respect to its admissions and provision of services.

This application submitted for:

☐ **NURSING CARE** ☐ **MEMORY CARE**

☐ Applicant ready to move in as soon as possible

☐ Applicant interested in moving within the following timeframe _____

APPLICANT INFORMATION

Name_____ Date of Birth_____

Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Spouse Name _____ Date of Death (if widowed) _____

Occupation prior to Retirement _____ Military Veteran ☐ Yes ☐ No

Address _____ City, State, Zip _____

Email _____

Home Phone _____ Mobile Phone _____

HOW DID YOU HEAR ABOUT VALLEY VIEW RETIREMENT COMMUNITY?

☐ Church
☐ Hospital/Physician
☐ Internet Search
☐ Community Event
☐ Social Media
☐ Live Locally
☐ Publications
☐ Home Health Agency
☐ Family/Friend is/was Resident
☐ Other _____

OPTIONAL

Religious Affiliation _____ Specific Congregation _____

Clergy _____ Telephone _____

RESIDENT REPRESENTATIVE

Name _____ Relationship _____

Address _____ City, State, Zip _____

Telephone _____ Mobile Phone _____ Email _____

EMERGENCY CONTACTS

Name_____
Relationship _____
Address _____
City, State, Zip _____
Telephone _____
Mobile Phone _____
Email _____

Name _____
Relationship _____
Address _____
City, State, Zip _____
Telephone _____
Mobile Phone _____
Email _____

Name _____ Date _____

MEDICAL/INSURANCE INFORMATION

Primary Care Provider _____ Phone _____

Medicare Number _____ Social Security Number _____

Supplemental Insurance Company _____ Group # _____

Medicare Advantage/PPO _____ Group # _____

Medicare Part D or Pharmacy Plan _____ Group # _____

At admission, cards must be presented for verification and copying.

MEDICAL HISTORY

Do we have permission to access your medical records? ☐ Yes ☐ No

MENTAL HEALTH

Have you ever received mental health services? ☐ Yes ☐ No

PROVIDER	YEAR	INPATIENT/OUTPATIENT	SERVICES/TREATMENT

NURSING HOME/CARE FACILITY

Have you been admitted to an inpatient nursing facility in the last 90 days? ☐ Yes ☐ No

FACILITY	DATES OF STAY	REASON FOR ADMISSION	THERAPIES RECEIVED

HOSPITAL

Have you been admitted to a hospital in the last 30 days? ☐ Yes ☐ No

HOSPITAL	DATES OF STAY	INPATIENT/OUTPATIENT	REASON

Name _____ Date _____

FINANCIAL DISCLOSURE STATEMENT

ASSETS	APPLICANT	JOINT	TOTAL
1. Checking	$ _____	$ _____	$ _____
2. Savings/Money Market	$ _____	$ _____	$ _____
3. CDs	$ _____	$ _____	$ _____
4. Mutual Funds	$ _____	$ _____	$ _____
5. Stocks & Bonds	$ _____	$ _____	$ _____
6. Retirement Funds	$ _____	$ _____	$ _____
7. Trust Fund*	$ _____	$ _____	$ _____
8. Annuities Cash Value*	$ _____	$ _____	$ _____
9. Life Insurance Cash Value*	$ _____	$ _____	$ _____
10. Burial Reserve	$ _____	$ _____	$ _____
11. Other _____	$ _____	$ _____	$ _____

12. REAL ESTATE*

Address _____

Residence Market Value $_____ (Please provide address above)

Value will be verified by Zillow.com

13. ASSET TRANSFERS

- Have you (or your spouse) transferred any assets, including real estate, to someone other than your spouse for less than full market value within the past five years? ☐ Yes ☐ No
- Have you or your spouse transferred any assets into a trust within the past five years? ☐ Yes ☐ No

*FINANCIAL TERMS

- **LINE 7: TRUST FUND** -Indicate amount that is available for your care.
- **LINE 8: ANNUITIES** - Indicate cash value that you can withdraw from the annuity without penalty.
- **LINE 9: LIFE INSURANCE** - Indicate the cash surrender value of a life insurance policy.
- **LINE 12: RESIDENCE CURRENT MARKET VALUE** - If you do not have a recent appraisal of your home, use Zillow.com or Trulia.com to estimate market value. Sale of house may be required to meet criteria.
- **LINE 15: PENSION** - If you are married, indicate what portion of your pension will remain for your spouse in the event of your death.
- **LINE 16: MONTHLY EXPENSES** - Indicate expenses that will be incurred while residing at VVRC, such as car loan, car insurance, phone, internet, health insurance and life insurance.

Name _____ Date _____

FINANCIAL DISCLOSURE STATEMENT, CONTINUED

14. LIABILITIES/DEBT	APPLICANT	JOINT	TOTAL
Mortgage Balance	$ _____	$ _____	$ _____
Credit Card Balance	$ _____	$ _____	$ _____
Car Loan Balance	$ _____	$ _____	$ _____
Other _____	$ _____	$ _____	$ _____

15. NET INCOME	APPLICANT	JOINT	TOTAL
Social Security	$ _____ / month	$ _____ / month	$ _____ / month
Pension*	$ _____ / month	$ _____ / month	$ _____ / month
Right of Survivorship ☐ Yes ☐ No	Right of Survivorship Percentage _____%		
Other _____	$ _____ / month	$ _____ / month	$ _____ / month

16. EXPENSES*	APPLICANT	JOINT	TOTAL
Only list monthly expenses that will continue while at Valley View.			
_____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____
_____	$ _____	$ _____	$ _____

LONG TERM CARE INSURANCE

(Please provide copy of Summary of Benefits)

Provider Name _____

Monthly Premium	$ _____ / month
Predetermined Annual Increase to Premium	$ _____ or _____ %
Elimination Period (number of days before benefit begins)	$ _____ days
Daily Personal Care/Assisted Living Benefit	$ _____ /day
Personal Care/Assisted Living Benefit Inflation Rate	$ _____ %
Daily Nursing Care Benefit	$ _____ /day
Nursing Care Benefit Inflation Rate	$ _____ %
Maximum Benefit Period/Limit	$ _____ or _____ years

Name _____ Date _____

Agreement

I understand that Valley View Retirement Community (VVRC) will keep my information in strict confidence and will only use the information for necessary purposes.

I understand that VVRC may request proof of financial status and periodic updated financial information. All applications are reviewed when admission is pending and updates will be required at that time. Applicants must meet the financial criteria in place at the time a residence is available for occupancy.

All of the assets listed in this application as owned or controlled by me are entitled or registered in my individual or joint names, or held for my benefit, and are available to pay for all levels of care at VVRC. I have full power and authority to convey or utilize such assets for my personal support and for payment for services supplied through VVRC. I affirm that I (or my/our agent(s) will not deplete or jeopardize such assets below the level of that reasonably required to provide for my care, or substantially change the nature or liquidity of my assets.

I acknowledge that if I jeopardize my ability to pay for my care, then I may be ineligible for admission to any level of care at VVRC and may be ineligible for financial assistance from VVRC, and I may jeopardize my ability to live at VVRC.

I understand that it is the policy of VVRC to screen all incoming applicants against the National Sex Offender Registry Website. I understand that VVRC will deny admission to anyone listed on federal and/or state sex offender registry websites. I understand and acknowledge that VVRC relies on the information and disclosures made in this application for the purpose of inducing VVRC to consider me for admission. I certify that the information and disclosures provided in this application are true, correct, and complete to the best of my knowledge and belief. Although the application is not otherwise binding, I understand and agree that any misrepresentation or significant omission or misstatement of fact, including financial information, may be considered grounds for refusal of residency or dismissal after admission.

APPLICANT OR REPRESENTATIVE (Signature) _____ Date _____

APPLICANT OR REPRESENTATIVE (Print) _____ Relationship _____

Download completed application and:

- *Email it to info@vvrconline.org*
- *Fax it to 717-935-5109*
- *Or mail or drop off at 4702 E Main St. Belleville, PA 17004*

Office use only

Reviewed by _____ Review Date _____

☐ Ready to move in ☐ Move-in time period _____

☐ Approved ☐ Denied ☐ Other _____

Megan's Law Conviction ☐ Yes ☐ No

Checked by _____