



The Terrace Personal Care





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.

Geli Losch 717-935-2105, ext 1850 alosch@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:

APARTMENT PREFERENCE

If selecting more than one, please rank them in order of preference.

	A-STYLE B-STYLE		C-STYLE D-STYLE			STUDIO
□ Rea	ady to move in as soon as po	ssible 🗆	Interested	in moving within	followir	ng timeframe
Name	e					Date of Birth
Statu	s □ Single □ Married □ Wid	lowed \square	Divorced			
Spou	ise Name			Date of De	eath (if	widowed)
	upation prior to Retirement					
Addr	ess			Cit	y, State	e,Zip
Emai	l					
Home	e Phone		Mob	ile Phone		
HOW	V DID YOU HEAR ABOUT V	ALLEY V	IEW RETIF	REMENT COMM	IUNITY	?
	Church		Social Med			Family/Friend is/was Resident
	Hospital/Physician Internet Search		Live Locall [.] Publicatior			Other
	Community Event			lth Agency		
OPTI	ONAL					
Religi	ous Affiliation		Spe	cific Congregation	on	
Clerg	gy		Tel	ephone		
RESI	DENT REPRESENTATIVE					
Name	e			_ Relationship _		
Addre	ess			_ City, State, Zip		
	hone					
EME	RGENCY CONTACTS					
Name	e			Name		
Relationship		Relationship				
Addr	ess			Address		
City,	State, Zip			City, State, Zip		
Telep	hone			Telephone		
Mobi	le Phone			Mobile Phone		
Email	1			Email		

lame			Date		
MEDICAL/INSURANCE I	NFORMATION				
Primary Care Provider		Phone			
Medicare Number		_ Social Security Number _			
Supplemental Insurance (Company	Group :	#		
Medicare Advantage/PPO		Group #	Group #		
Medicare Part D or Pharma	acy Plan	Group #	Group #		
At admission, cards must	be presented for verifica	tion and copying.			
MEDICAL HISTORY Do we have permission to	access your medical red	cords? □ Yes □ No			
MENTAL HEALTH					
Have you ever received m	ental health services? [□ Yes □ No			
PROVIDER	YEAR	INPATIENT/OUTPATIENT	SERVICES/TREATMENT		
		lity in the last 90 days? ☐ Yes	□ No THERAPIES RECEIVED		
	o an inpatient nursing facil				
Have you been admitted to	o an inpatient nursing facil				
Have you been admitted to	o an inpatient nursing facil DATES OF STAY	REASON FOR ADMISSION			
Have you been admitted to FACILITY HOSPITAL	o an inpatient nursing facil DATES OF STAY	REASON FOR ADMISSION			
Have you been admitted to FACILITY HOSPITAL Have you been admitted to	o an inpatient nursing facil DATES OF STAY o a hospital in the last 30	REASON FOR ADMISSION days? Yes No	THERAPIES RECEIVED		

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. TRUCT FUND. In disease agreement that is equilable for example 1.				

Date _

- 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.

lame			_ Date
FINANCIAL DISCLOSU	RE STATEMENT, CONTIN	UED	
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 Sur	vivorship Percentage	%
Other	\$ / month	\$ / month	\$ / month
16. EXPENSES*	APPLICANT	JOINT	TOTAL
Only list monthly expens	ses that will continue while	at VVRC.	
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
LONG TERM CARE INSU	RANCE		
Please provide copy of	Summary of Benefits)		
Provider Name			

\$ _____ / month Monthly Premium \$ _____ or ____ % Predetermined Annual Increase to Premium 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			
Agroomont				
Agreement				
I understand that Valley View Retirement Community (VVRC) will k and will only use the information for necessary purposes.	eep my information in strict confidence			
I understand that VVRC may request proof of financial status and applications are reviewed when admission is pending and updates must meet the financial criteria in place at the time a residence is	will be required at that time. Applicants			
All of the assets listed in this application as owned or controlled by me are entitled or registered in my ndividual 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 iquidity of my assets.				
I acknowledge that if I jeopardize my ability to pay for my care, the level of care at VVRC and may be ineligible for financial assistance ability to live at VVRC.				
I understand that it is the policy of VVRC to screen all incoming ap Offender Registry Website. I understand that VVRC will deny admisstate sex offender registry websites. I understand and acknowledg disclosures made in this application for the purpose of inducing VV certify that the information and disclosures provided in this application the best of my knowledge and belief. Although the application is nagree that any misrepresentation or significant omission or misstatinformation, may be considered grounds for refusal of residency of	ssion to anyone listed on federal and/or ge that VVRC relies on the information and VRC to consider me for admission. I ation are true, correct, and complete to not otherwise binding, I understand and tement of fact, including financial			
APPLICANT OR REPRESENTATIVE (Signature)	Date			
APPLICANT OR REPRESENTATIVE (Print)	Relationship			
Download completed form and submit it:				
 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	Megan's Law Conviction ☐ Yes ☐ No			
☐ Ready to move in ☐ Move-in time period	Checked by			
□ Approved □ Denied □ Other				