



**Personal Care Application**  
207 Ottawa St - Johnstown, PA 15904  
arbutusparkmanor.com

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Phone 1 \_\_\_\_\_  
Street Address  
\_\_\_\_\_ Phone 2 \_\_\_\_\_

Marital Status Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Deceased Yes \_\_\_\_\_ No \_\_\_\_\_

Birthplace \_\_\_\_\_ Past/Present Occupation \_\_\_\_\_

Children:	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Social Security No. \_\_\_\_\_ Medicare No. \_\_\_\_\_

Hospital Of Choice \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ PACE No. \_\_\_\_\_

I.D. No. \_\_\_\_\_

Group No. \_\_\_\_\_

Supplemental Insurance \_\_\_\_\_

I.D. No. \_\_\_\_\_

Group No. \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LEGAL REPRESENTATIVE(S)**  
**Durable Power of Attorney for Healthcare**

Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
\_\_\_\_\_ Work Phone No. \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

**Financial Power of Attorney** *Check if same as Durable Power of Attorney for Healthcare*

Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
\_\_\_\_\_ Work Phone No. \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

**VETERAN'S BENEFITS**

Are you a Veteran? Yes \_\_\_ No \_\_\_

Was your Spouse a Veteran? Yes \_\_\_ No \_\_\_

Do you receive benefits now? Yes \_\_\_ No \_\_\_

**PRE-PLANNED FUNERAL ARRANGEMENTS**

Does the Applicant Have A Living Will? Yes \_\_\_ No \_\_\_

Does the Applicant Have an Irrevocable Burial Fund? Yes \_\_\_ No \_\_\_

Has the Applicant Prepaid Funeral Arrangements? Yes \_\_\_ No \_\_\_

**Funeral Home** Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_

**Cemetery Name/Address** \_\_\_\_\_

**Church Affiliation** \_\_\_\_\_ **Pastor** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**FINANCIAL INFORMATION - MONTHLY INCOME**

*Please complete all sections. We require two years worth of assets (\$133k) to be considered for Personal Care admission.*

**Applicant**

1) Social Security \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_  
Company Name \_\_\_\_\_

Trusts \$ \_\_\_\_\_ Financial Institution \_\_\_\_\_

**Spouse**

2) Social Security \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_  
Company Name \_\_\_\_\_

Trusts \$ \_\_\_\_\_ Financial Institution \_\_\_\_\_

**Other Monthly Income**

1) \$ \_\_\_\_\_ Source \_\_\_\_\_

2) \$ \_\_\_\_\_ Source \_\_\_\_\_

3) \$ \_\_\_\_\_ Source \_\_\_\_\_

**ASSETS (Includes any Homes or additional properties or Vehicles)**

**Residence/Real Estate** \_\_\_\_\_ Approximate Value \$ \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**Vehicle #1:** Year, Make, Model \_\_\_\_\_ Value \$ \_\_\_\_\_

**Vehicle #2:** Year, Make, Model \_\_\_\_\_ Value \$ \_\_\_\_\_

**OTHER ASSETS (Includes 401Ks, Annuities, Bonds, Certificates of Deposits, IRAs, or Stocks, etc...)**

**BANK ACCOUNTS (Includes Personal checking, savings; Joint checking or savings; Holiday Club, etc... )**

Bank \_\_\_\_\_ Type Acct \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Bank \_\_\_\_\_ Type Acct \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Bank \_\_\_\_\_ Type Acct \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Bank \_\_\_\_\_ Type Acct \_\_\_\_\_ Amount \$ \_\_\_\_\_

**LIABILITIES (Includes but is not limited to Health Care Premiums; Car Payments; Mortgage; Credit Cards)**

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

**LIFE INSURANCE POLICIES:**

Company \_\_\_\_\_ Face Value \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

Company \_\_\_\_\_ Face Value \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

Company \_\_\_\_\_ Face Value \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

**LONG TERM CARE INSURANCE POLICY:**      Yes      No

Company \_\_\_\_\_ Face Value \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

Have you made a gift or transferred, without full and fair consideration, any assets or Personal Property or Real Estate in the past year? (Please explain and include comments on additional paper, if needed.)

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I understand that Arbutus Park Manor Retirement Community retains the right to accept or reject any application consistent with the law. I certify that all of the information submitted on this Application is true and correct, and I understand the submission of false information may constitute grounds for rejection of this Application or my discharge after admission. ***(Please sign the appropriate line below)***

Date \_\_\_\_\_ Applicant  
Signature \_\_\_\_\_

Date \_\_\_\_\_ Legal Representative Signature \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_