



Saint Mary's Home of Erie

Application for Admission

I am interested in:

- Independent Living/The Carriage Homes
 Skilled Nursing Care
 Alzheimer's & Memory Care
 Residential Living/Personal Care
 Rehabilitative Services
 Respite Care

PERSONAL INFORMATION

Name: _____

Title: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____

Email: _____ Phone: _____

SSN (Last 4): _____ Medicare No.: _____

Marital Status: Single Married Divorced Widowed Other: _____

If applicable, spouse/partner name: _____

Current Physician: _____ Phone: _____

Physician Address: _____

Hospital Preference: _____

Funeral Home Preference: _____

Funeral Home Address: _____

Attorney: _____ Phone: _____

Attorney Address: _____

Do you have a Living Will? * Yes No

Do you have a Durable Power of Attorney (DPOA)? * Yes No

**If yes, please provide copies of documentation. DPOA contact information may be provided on page 2.*

VETERAN INFORMATION

Are you a veteran of the armed services? Yes No

If yes: Branch: _____ Serial No.: _____

Is your spouse/partner a veteran of the armed services? Yes No

If yes: Branch: _____ Serial No.: _____

EMERGENCY CONTACT(S)

1. _____
Name

Check if Durable Power of Attorney for:
 Healthcare Finances

Relationship _____
Email _____
Phone

Street Address _____
City _____
State _____
ZIP

2. _____
Name

Check if Durable Power of Attorney for:
 Healthcare Finances

Relationship _____
Email _____
Phone

Street Address _____
City _____
State _____
ZIP

3. _____
Name

Check if Durable Power of Attorney for:
 Healthcare Finances

Relationship _____
Email _____
Phone

Street Address _____
City _____
State _____
ZIP

LIFE INSURANCE

Company: _____ Policy No.: _____

Face Value: _____ Cash Surrender: _____

Company: _____ Policy No.: _____

Face Value: _____ Cash Surrender: _____

HEALTH INSURANCE & LONG TERM CARE NURSING HOME INSURANCE

Medicare or Managed Care Plan (*SecurityBlue, Aetna, United Healthcare, etc.*)

Agreement No.: _____ Group No.: _____

Other: _____

Agreement No.: _____ Group No.: _____

Do you have an irrevocable burial account? Yes No

FINANCIAL INFORMATION

MONTHLY INCOME

Social Security: _____

Other: _____

Pension: _____

VA Pension: _____

(Total Monthly Income)

CHECKING ACCOUNTS

1. _____
Bank/Institution _____ *Joint With* _____ *Balance* _____

2. _____
Bank/Institution _____ *Joint With* _____ *Balance* _____

SAVINGS ACCOUNTS/CERTIFICATES OF DEPOSIT

1. _____
Bank/Institution _____ *Joint With* _____ *Balance* _____

2. _____
Bank/Institution _____ *Joint With* _____ *Balance* _____

REAL ESTATE

Do you own your own home? Yes No

Mortgage Balance: _____

Joint With: _____ Market Value: _____

Other Real Estate: _____ Joint With: _____ Market Value: _____

STOCKS & BONDS

Company: _____ # of Shares: _____ Value: _____

Company: _____ # of Shares: _____ Value: _____

Please continue list on an additional document if needed.

By signing this document I affirm that to the best of my knowledge all of the information provided in this application is complete, accurate and true.

Signature of Applicant/Responsible Party: _____

Relationship to Applicant: _____ Date: _____

*Saint Mary's at Asbury Ridge
The Carriage Homes at Asbury Ridge
4855 West Ridge Road, Erie, PA 16506*



(814) 836-5300

www.stmaryshome.org

*Saint Mary's Home of Erie (Corporate)
1781 West 26th Street, Erie, PA 16508*