

**SNYDER VILLAGE RETIREMENT COMMUNITY
APPLICATION FOR RESIDENCY**

1200 East Partridge St., Metamora, Illinois 61548 | (309) 367-4900

DATE _____

Please complete the following information for Applicant and, if applicable, Second Applicant.

Applicant _____
First
Middle Initial
Last
Maiden

Preferred Name (if different from above) _____

Social Security # _____ Medicare # _____

Birth Date _____ Age _____ Sex _____ Marital Status: S ___ M ___ W ___ D ___

Birth Information: City _____ County _____ State _____

Present Home Address: _____
Street
City/State
Zip
Current Telephone

Spouse (Even if Deceased): _____
First
Middle Initial
Last
Maiden

Second Applicant _____
First
Middle Initial
Last
Maiden

Preferred Name _____

Social Security # _____ Medicare # _____

Birth Date _____ Age _____ Sex _____ Marital Status: S ___ M ___ W ___ D ___

Birth Information: City _____ County _____ State _____

Present Home Address: _____
Street
City/State
Zip
Current Telephone

Spouse (Even if Deceased): _____
First
Middle Initial
Last
Maiden

PERSON WHO SHOULD RECEIVE STATEMENT (GUARANTOR):

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

**APPLICANT:
CONTACT INFORMATION**

Primary Emergency Contact:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Alternate Emergency Contact:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Other Emergency Contact:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

MEDICAL INFORMATION

Current Primary Physician _____ Office Phone _____

Primary Physician While at S/V _____ Office Phone _____

Address _____ City _____ State _____ Zip _____

Specialist _____ Specialty _____

Address _____ Office Phone _____

Dentist _____ Office Phone _____

Eye Doctor _____ Office Phone _____

Hospital Preference _____ Phone _____

Funeral Home Preference _____ Phone _____

Do you have a living will? Yes ____ No ____

I DO ____ DO NOT ____ wish to have CPR procedures performed on me while a resident at Snyder Village.

SOCIAL INFORMATION

Have you ever been convicted of a felony? Yes ____ No ____

Race _____ U.S. Citizen Yes ____ No ____ U.S. Veteran Yes ____ No ____

Is/was your spouse a veteran? Yes ____ No ____

Mother's Maiden Name _____ Father's Name _____

Lifetime Occupation _____ Date of Retirement _____

	Grade School	High School	College
Education: Highest Grade Completed:	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4

Post Graduate _____ Tech/Trade School _____

Religion _____ Church Affiliation _____

SOCIAL INFORMATION CONTINUED

Clergy _____ Phone _____

Has a Burial Trust been established? Yes ____ No ____ Value \$ _____

Does anyone have Power of Attorney? Yes ____ No ____

Name of Power of Attorney for Health Care _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Power of Attorney for Financial _____ Phone _____

Address _____ City _____ State _____ Zip _____

Does anyone have legal guardianship? Yes ____ No ____

Name of Legal Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

INSURANCE INFORMATION

Do you have alternative Third Party Medicare coverage? Yes ____ No ____

Name of insurance company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Policy # _____

Do you have any Medicare Supplemental Health Insurance? Yes ____ No ____

Name of insurance company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Policy # _____

Do you have Medicare D coverage? Yes ____ No ____

Name of insurance company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Policy # _____

INSURANCE INFORMATION CONTINUED

Do you have any employee provided insurance? Yes ____ No ____

Name of insurance company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Policy # _____

Do you have any Long-Term Care Insurance? Yes ____ No ____

If yes, what is the daily benefit amount? \$ _____

Name of insurance company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Policy # _____

SECOND APPLICANT:

Relationship to Applicant: Spouse ____ Child ____ Brother ____ Sister ____

CONTACT INFORMATION

Primary Emergency Contact:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Alternate Emergency Contact:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

CONTACT INFORMATION CONTINUED

Other Emergency Contact:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

MEDICAL INFORMATION

Current Primary Physician _____ Office Phone _____

Primary Physician While at S/V _____ Office Phone _____

Address _____ City _____ State _____ Zip _____

Specialist _____ Specialty _____

Address _____ Office Phone _____

Dentist _____ Office Phone _____

Eye Doctor _____ Office Phone _____

Hospital Preference _____ Phone _____

Funeral Home Preference _____ Phone _____

Do you have a living will? Yes ____ No ____

I DO ____ DO NOT ____ wish to have CPR procedures performed on me while a resident at Snyder Village.

SOCIAL INFORMATION

Have you ever been convicted of a felony? Yes ____ No ____

Race _____ U.S. Citizen Yes ____ No ____ U.S. Veteran Yes ____ No ____

Mother's Maiden Name _____ Father's Name _____

Lifetime Occupation _____ Date of Retirement _____

SOCIAL INFORMATION CONTINUED

Education: Highest Grade Completed: **Grade School** **High School** **College**
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

Post Graduate _____ Tech/Trade School _____

Religion _____ Church Affiliation _____

Clergy _____ Phone _____

Has a Burial Trust been established? Yes ___ No ___ Value \$ _____

Does anyone have Power of Attorney? Yes ___ No ___

Name of Power of Attorney for Health Care _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Power of Attorney for Financial _____ Phone _____

Address _____ City _____ State _____ Zip _____

Does anyone have legal guardianship? Yes ___ No ___

Name of Legal Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

INSURANCE INFORMATION

Do you have alternative Third Party Medicare coverage? Yes ___ No ___

Name of insurance company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Policy # _____

Do you have any Medicare Supplemental Health Insurance? Yes ___ No ___

Name of insurance company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Policy # _____

INSURANCE INFORMATION CONTINUED

Do you have Medicare D coverage? Yes ____ No ____

Name of insurance company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Policy # _____

Do you have any employee provided insurance? Yes ____ No ____

Name of insurance company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Policy # _____

Do you have any Long-Term Care Insurance? Yes ____ No ____

If yes, what is the daily benefit amount? \$ _____

Name of insurance company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Policy # _____

FINANCIAL INFORMATION

Sources of Income

Monthly

Social Security Applicant \$ _____

Spouse \$ _____

Pension Applicant \$ _____

Spouse \$ _____

Interest Income \$ _____

Rental Income \$ _____

Dividends \$ _____

FINANCIAL INFORMATION CONTINUED

Bonds \$ _____

Other sources of income \$ _____

Bank Accounts

Institution	Current Balance
Savings _____	\$ _____
_____	\$ _____
Checking _____	\$ _____
_____	\$ _____
CD/Money Market _____	\$ _____
_____	\$ _____
Other _____	\$ _____

Real Estate

Do you own your own home? Yes _____ No _____ How long? _____

Approximate Value \$ _____

Outstanding Mortgage \$ _____

Lender _____

Other real estate owned and approximate value _____

Life Insurance policies

Company _____ Cash Value \$ _____

Company _____ Cash Value \$ _____

Stocks/Bonds, Mutual Funds, IRA's, 401K, etc.

Company / Fund Name _____ Estimated Value \$ _____

FINANCIAL INFORMATION CONTINUED

Company / Fund Name _____ Estimated Value \$ _____

Company / Fund Name _____ Estimated Value \$ _____

Company / Fund Name _____ Estimated Value \$ _____

Trusts

Do you have a trust? Yes _____ No _____

If yes, is it revocable or irrevocable? Please circle and list amount \$ _____

Any Other Assets or Sources of Income

Description _____

Amount \$ _____

Obligations: *(Please list any debts, mortgages, obligations, etc., affecting your income or assets.)*

Amount \$ _____

Do the names of any other individuals appear on any of the above accounts? Yes _____ No _____

Within the past 60 months, have you or your spouse sold or given away assets; closed any bank accounts; or made any changes in the way an asset is held (such as adding a name to a house deed or creating a trust or annuity?) Yes _____ No _____

Within the past 60 months have you or your spouse: 1) Made any transfers from a revocable trust, or 2) created an irrevocable trust that does not permit payment to you? Do you or your spouse have an irrevocable trust that has stopped payment within the past 60 months? Yes _____ No _____

If you answer yes to either of these questions, please specify transactions made.

IMPORTANT: PLEASE BRING IN THE FOLLOWING FOR DUPLICATION, OR ATTACH A COPY

Medicare Card (Red, white and blue card)

Valid birth certificate, state-issued driver’s license, or state-issued identification card

Other Health Insurance Identification Cards

Financial Power of Attorney, Guardianship Conservatorship, or Bank Trust Papers

Health Care Power of Attorney / Living Will

Will you have an automobile at Snyder Village? Yes _____ No _____

Will you have a pet at Snyder Village? Yes _____ No _____ If yes, what type? _____

AGREEMENT INFORMATION: RETIREMENT COMMUNITY

I (we) agree to be examined by a licensed physician to determine my (our) ability to live independently at Snyder Village Retirement Community.

I (we) fully understand that I (we) must be physically, mentally and socially able to maintain myself (ourselves) as independent residents of Snyder Village Retirement Community.

I (we) fully understand that a \$50.00 nonrefundable application-processing fee is required to cover the cost of processing this application.

I (we) understand that my (our) submission of this application for residency at Snyder Village is not binding.

I (we) hereby give authorization to Snyder Village to review and discuss the intent of my (our) application with my family, physician and contact persons listed above.

I (we) declare the information in the application to be true, full, and complete.

I (we), the undersigned, do hereby certify that the answers to the foregoing questions are true, correct, and complete to the best of my (our) knowledge. I (we) further certify that all assets and income amounts are available for the use of the applicant(s) to be applied to expenses incurred by me (us) for any services provided by any entity of Snyder Village. I (we) do hereby authorize investigation of any statement contained in this application by Snyder Village or its agent. I (we) understand that a misrepresentation or omission of facts may be the basis for denying applicant(s) admission to or for discharge from Snyder Village. To insure payment to Snyder Village of any charges due, resident(s) or responsible party shall cooperate fully in furnishing Snyder Village any necessary financial, medical or other required information necessary for determination of eligibility for any aid or assistance program. I (we) or responsible party will further cooperate in the preparation, filing, signing, etc, of necessary applications, reports, or documents for any program or other purpose necessary or required by any government agency. Further, the I (we) or responsible party authorizes the release of information from any financial, housing or other institution necessary to make eligibility determinations.

_____ Date

_____ Applicant

A copy of insurance cards must be included when your applications are submitted.

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