The Hearth
at Drexel
Assisted Living • Memory Care • Respite Care

APPLICATION FOR RESIDENCY

Please return completed application to the Sales Office:

Kylie Hood, CDP
Director of Sales & Marketing
Phone: 610-771-1282 or cell 215-720-0745
Fax: 610-664-6687
Email: khood@thehearthatdrexel.org
DropBox- khood@thehearthatdrexel.org

The Hearth at Drexel
238 Belmont Avenue
Bala Cynwyd, PA 19004

Liberty Lutheran

EQUAL HOUSING OPPORTUNITY

The Hearth at Drexel

Move-In Timeline

1. Complete and submit forms 1 and 2 of the Application for Admission and return to the attention of the Sales Office with supporting financial documentation.
2. You will be contacted to set-up an in-person, clinical paperwork review or virtual assessment.
3. Application & Community Fees due upon contract signing. All applications must be approved by our CFO before move-in occurs.
   Single Residency Application: $200 Double Residency Application: $300
   Community Fee: $3,500 per apartment
   Occupancy of your selected apartment must occur within the next 30 days if move-in ready!
4. You must have seen a physician, NP or CRNP within 30 days of move-in. We require specific forms for Assisted Living, which is a PA state regulation. This is to ensure we have an updated medication list with a diagnosis for each medication with a signature, visit notes and immunization records.
5. Confirm move-in date and arrangements with the Sales Director. Your contract and additional move-in paperwork is available to be completed before move-in date in person or via email.

PLEASE NOTE*Department of Human Services can and will continue to make changes to our move-in process and procedures. We appreciate your understanding.

We suggest a move-in arrival time Monday through Friday between 10 AM and 1 PM. This ensures each Resident and family gains timely access to our move-in team. Thank you for your understanding.

Congratulations and welcome to The Hearth at Drexel!

Kylie Hood, CDP

THE HEARTH AT DREXEL ADMISSION APPLICATION: PERSONAL INFORMATION FORM 1

Please Print

Applicant's Full Name
Street Address
City County State Zip
Telephone Number ( ) Alternate Telephone Number ( )
Social Security Number
Medicare Number
Secondary Insurance
Account/Policy Number
Other Insurance Provider
Account/Policy Number
Prescription Plan ☐ Yes ☐ No
Name
Account/Policy Number
Current Living Status
☐ Home ☐ With no home health services ☐ With home health services
☐ Hospital Name
☐ Nursing or Personal Care Home Name
☐ Other
Approximate date you wish to enter The Hearth at Drexel
How did you hear about The Hearth at Drexel? ☐ Self ☐ Friends ☐ Church ☐ Family
☐ The Hearth Staff ☐ Social Service ☐ Physician
☐ Advertisement ☐ Website ☐ Social Media
☐ Other

FORM 1

Personal Information
Age Date of Birth Place of Birth
US Citizen? ☐ Yes ☐ No
☐ Caucasian ☐ African American ☐ Hispanic ☐ Native American ☐ Asian ☐ Other
☐ Married ☐ Single ☐ Widow/Widower ☐ Divorced
Lifetime Occupation
Veteran ☐ Yes ☐ No Branch: _____ Veterans Benefits ☐ Yes ☐ No
Highest Level of Education ☐ No schooling ☐ 8th Grade/Less ☐ 9-11 Grades ☐ High School
☐ Technical/Trade School ☐ Some College ☐ Bachelor's Degree ☐ Graduate Degree
Known Allergies
Hair Color: Eye Color:
Father's Full Name
Mother's Full Name
Mother's Maiden Name
Spouse's Full Name ☐ Living ☐ Deceased
Physician Information
Name of Primary Physician
Name of Practice
Street Address
City County State Zip
Office Telephone Number ( )
Preferred Hospital:
Religious Information (Optional)
Religion
Involvement ☐ Active ☐ Attendance Only ☐ Inactive ☐ None
Name of Church/Synagogue
Telephone Number ( )
Name of Pastor/Priest/Rabbi
Street Address
City County State Zip

FORM 1

Billing Information			
Power of Attorney ☐ Yes ☐ No Name			
Guardian ☐ Yes ☐ No Name			
Name of Person to Receive/Pay Monthly Statements			
Relationship to Applicant			
Street Address			
City	County	State	Zip
Home Telephone Number ( )		Work Telephone Number ( )	
Cell Phone Number ( )		E-mail Address	
Primary Contact			
Name of Person to Contact in Emergency			
Relationship to Applicant			
Street Address			
City	County	State	Zip
Home Telephone Number ( )		Work Telephone Number ( )	
Cell Phone Number ( )		E-mail Address	
Second Contact			
Name of Person When Primary Contact is Unavailable			
Relationship to Applicant			
Street Address			
City	County	State	Zip
Home Telephone Number ( )		Work Telephone Number ( )	
Cell Phone Number ( )		E-mail Address	
Third Contact			
Name of Person When Primary Contact is Unavailable			
Relationship to Applicant			
Street Address			
City	County	State	Zip
Home Telephone Number ( )		Work Telephone Number ( )	
Cell Phone Number ( )		E-mail Address	

FORM 1

Funeral Arrangements
Name of Funeral Director
Street Address
City County State Zip
Funeral Home Telephone Number ( )
Name of Person Responsible for Funeral Arrangements
Applicant's Relationship to this person
Home Telephone Number ( ) Work Telephone Number ( )
Cell Phone Number ( )
Do you have an Advanced Directive/Living Will? ☐ Yes ☐ No
Would you like additional information on Advanced Directives? ☐ Yes ☐ No
Please submit a copy of Power of Attorney and Advanced Directive/Living Will if these documents exist.
Signature of Applicant
Date
Signature of Person Completing This Form
Print Name
Relationship to Applicant
Date

THE HEARTH AT DREXEL ADMISSION APPLICATION: FINANCIAL INFORMATION FORM 2

Please disclose all available assets and attach current statements to validate with applicant's name listed on statement. Statements must be provided for approval.

Income		
Type	Amount Per Month	Total Amount Annually
Social Security	$	$
Pension	$	$
Annuity/Trust	$	$
Rental	$	$
Dividends	$	$
Interest	$	$
Bonds	$	$
Other Income	$	$
Other Income	$	$
Total Income	**$**	**$**
Banking *Please attach current statements.*		
Checking Accounts: Bank(s)		Current Balance
1		$
2		$
3		$
Savings Account, CDs, Money Market, Banks, Other		
1		$
2		$
3		$

Form 2

Stocks/Bonds *Please attach investment statements.*				
Stocks: Company	Number of Shares	Current Value		
1		$		
2		$		
3		$		
Bonds	Type	Current Value		
1		$		
2		$		
3		$		
Real Estate (*Please note any jointly held property*) *Please attach any appraisal or listing agreement, if applicable.*				
Real Estate (*In Applicant's Name*): Please provide home appraisal in writing for each property from realtor/broker/attorney. Type and Location (*List Address*)		Value	Mortgage Amount	
1		$	$	
2		$	$	
3		$	$	
Are you planning to sell any/all of your real estate?		☐ Yes	☐ No	
Do you have a Long Term Care Insurance policy?: (Attach copy)		☐Yes	☐ No	
Provider:	Daily Rate:		Allowable maximum benefit:	
Life Insurance Policies (*On Applicant's Life or owned by the Applicant*)				
Company	Policy Number	Face Value	Cash Value	Beneficiary
1		$	$	
2		$	$	
3		$	$	
Describe any debts, mortgages, obligations, etc., affecting income or assets:				
In the past five years, have you given any gifts exceeding $5000? ☐ Yes ☐ No If so, in what amount and to whom?				

The Hearth at Drexel

I , signatory below, affirm that the foregoing is a true statement of the facts known to me and is submitted as part of an application for residence in the community. I understand that a lack of truth in my statements in this application is grounds for either a denial of admission a discharge after admission. Further, if admitted, I affirm that, while I am in residence at the community, (a) I will use the funds and resources I have identified above, as well as all income received from these funds and resources and any other income which I may receive while I remain in residence at the community, primarily for payment to the facility for services provided to me; and, (b) I will submit an Annual Statement of my financial status to the community. Finally, I hereby also authorize any and all financial institutions or entities with whom I have a business, commercial or fiduciary relationship to release any and all requested financial information to the community as long as I remain in residence at the community.

Signature of Applicant _____ Date _____

Signature of Person Completing This Form _____ Date _____

Power of Attorney _____ Date _____

Guardian _____ Date _____

The Civil Right Act of 1964 prohibits discrimination. The word "discrimination" shall be understood to mean "discrimination on the basis of race, color, national origin, ancestry, religious creed, sex, age or handicap," as used in Title VI of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act of 1955, as amended, Section 504.