

APPLICATION FOR ADMISSION
TO UNITED METHODIST MEMORIAL HOME COMMUNITIES

Website: www.LifeAtHeritage.org

(Applicants are considered for admission without regard to race, color, sex, religion, national origin, disability, marital or veteran status consistent with all applicable federal and state requirements regarding non-discrimination.)

Each of the locations below are United Methodist Memorial Home (hereinafter "Heritage") communities or facilities. Please check the box of the location to which you are applying and, when complete, submit this entire Application for Admission packet to the Admissions Department at that location.

Heritage Pointe of Warren

801 Huntington Ave., P.O. Box 326
Warren, IN 46792
Phone: (260) 375-2201
Fax: (260) 375-3327

Heritage Pointe of Huntington

1180W 500N
Huntington, IN 46750
Phone: (260) 355-2750
Fax: (260) 355-2759

Heritage Pointe of Fort Wayne

5250 Heritage Parkway
Fort Wayne, IN 46835
Phone: (260) 209-6279
Fax: (260) 206-6301

How did you hear about us? Television Newspaper Internet Friend/Family Other

What level of care are you applying for? Rehab Residential Assisted Living Healthcare Villa/Towne Home

1. Applicant Data:

Name Date of Birth Age at Application

Street Address City State Zip Code

For How Long Phone # E-Mail Address

Birth Place: City County State

Social Security No. Marital Status: ()Single ()Married ()Widowed ()Divorced

Date Married Place

Name of Spouse If spouse is deceased, date and place of death

Church Membership Denomination # of Years

Level of Education Occupation for Most of Life Are You a Veteran? Branch

Preferred Funeral Home Phone #

City State Zip Code

Prepaid Burial? ()Yes ()No Burial Site

Have you ever been convicted of a felony? ()Yes (please explain) ()No
(felony convictions may be relevant, but may not automatically disqualify applicants for admission)

Name of Power of Attorney/Healthcare Representative/Guardian

Please attach a signed copy of documents designating or appointing the representative.

2. Person(s) to contact in an emergency:

#1 Name Relationship

Full Address (City/State/Zip:) E-mail

Home Phone # Work Phone # Cell Phone #

#2 Name Relationship

Full Address(City/State/Zip) E-Mail

Home Phone # Work Phone # Cell Phone #

[Please attach a separate paper if additional space is needed.]

3. **Resources and Verification Checklist.** Please provide a complete and accurate list of ALL your assets, property, and income from any source as of the date of application. *This information must be provided at the time the admission application is submitted to **Heritage**, or within three days if an emergency-admit.*

Assets	Value	Statement Date	Reviewed By Heritage
Real Estate			
Additional Real Estate			
Cash/Checking/Savings			
Investments (Annuities/Bonds/CDs/IRAs/Stocks)			
Other Assets			
Insurance			
Health			
Life			
Long-Term Care (provide specifics of policy)			
Income			
Monthly Social Security			
Monthly Pension(s)			
Other Income			

Obligations	Balance Owed	Statement Date	Reviewed By Heritage
Mortgage			
Other Debts			

[Please attach a separate paper if additional space is needed.]

4. **Indiana Medicaid.** If currently on Indiana Medicaid, please provide Medicaid #: _____
An applicant on Indiana Medicaid must furnish a copy of his/her Indiana Medicaid card in advance of admission.

If applied for Indiana Medicaid, please provide Case #: _____

5. **Signature and Certification.** I certify that all of the above information is accurate and complete and that I have received a copy of the Heritage Admission Agreement which is incorporated herein by reference.

SIGNATURE OF APPLICANT TO APPLICATION: _____ DATE: _____

SIGNATURE OF REPRESENTATIVE FOR APPLICANT _____ DATE: _____

POA GUARDIANSHIP OTHER : _____

**ADMISSION AGREEMENT
UNITED METHODIST MEMORIAL HOME COMMUNITIES
801 HUNTINGTON AVENUE, P.O. BOX 326
WARREN, IN 46792**

I – Heritage Service Limitations

Heritage Communities will disclose and provide to residents or potential residents, prior to time of admission, notice of special characteristics or service limitations of the facility. Service limitations include: ventilator patients, tracheostomies, sex offenders and actively suicidal residents.

II - Heritage Resident Charges and Fees

Upon admission, the following provisions shall apply to **Heritage** residents:

1. Prior to or on the date of admission, new residents entering **Heritage** residential or assisted living facilities will pay a fee of \$2,000, and those new residents entering healthcare will pay a fee of \$4,000. These amounts will be credited to the resident's room and board account. In the event a resident withdraws from **Heritage's** facilities, or is deceased, any portion of that fee in excess of room and board expenses incurred will be refunded by **Heritage**.
2. Residents who are on Indiana Medicaid will be required to provide **Heritage** with a copy of their Indiana Medicaid card in advance of their admission. In addition, residents will be required to pay their monthly charges and/or liability amount prior to, or on the day of admission, and each month thereafter.
3. A finance fee of 1.5% compounded monthly will be charged to resident account balances not paid by the end of each calendar month. **Heritage** shall be entitled to recover any collection costs and/or attorney fees incurred by **Heritage** in recouping those balances and fees.

*Applicant authorizes the following contact person for matters relating to account(s) and service(s) at **Heritage**:*

Billing Contact Person _____ Relationship _____
Mailing Address _____ E-mail address _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____

III - Heritage Resident Responsibilities.

1. Applicants admitted to residency in any **Heritage** Community must:
 - A. Be not less than 60 years of age for admission to Woodridge Towne Homes or Dogwood Glen Villas, or unless admitted with a parent or spouse age 60 or older.
 - B. Be not less than 65 years of age for admission to The Villas at Heritage Lakes, or unless admitted with a parent or spouse age 65 or older.
 - C. Be of good moral character and have socially acceptable personal and social habits.
 - D. Not illegally possess, distribute or use intoxicants, narcotics, or other drugs.
 - E. Not smoke, except for Towne Home and Villa communities.
 - F. Not have pets, except for Towne Home and Villa communities, with written approval by **Heritage**. A non-refundable pet fee is due at time of admission.
 - G. Care for their living quarters and their persons according to the criteria reasonably established from time to time by **Heritage**.
 - H. Occupy the living quarters as agreed upon with **Heritage**, including the understanding that double occupancy will be allowed for legally married couples only, and that overnight guests cannot be accommodated in **Heritage's** multifamily residential buildings.
2. Applicants becoming residents in a **Heritage** multifamily residential building must:
 - A. Be certified in writing by a physician to be free from all contagious and infectious diseases (a reasonably detailed case history must accompany the certification.)
 - B. Supply his or her own room furnishings, linens, towels, and personal clothing. (Health Care beds and bed linens will be supplied by the facility.)
 - C. Have medications made available to and administered by **Heritage** staff in accordance with physician orders.

3. Residents understand that **Heritage** Communities strives to create and maintain an accommodating, relaxed, congenial and constructive living environment for Community residents within a framework of faith. In reaching for that objective, residents must reasonably comply with written boundaries of behavior that are established from time to time and communicated to involved residents by action of **Heritage's** Board of Trustees. These written boundaries of behavior may have broad application or be situational or individually specific. At the reasonable discretion of **Heritage**, potential consequences of noncompliance with resident's responsibilities may include but need not be limited to relocation of a noncompliant resident within **Heritage** facilities; or if no such better situation exists, then the equitable termination of the noncompliant resident's residency in **Heritage** facilities.

IV - Approval by Board of Trustees Required

This Admission Agreement is to be signed by Applicant and submitted, with other documentation, for approval by the **Heritage** Board of Trustees. If approval is given, Applicant is not obligated to pay **Heritage** anything, nor does it create a right or obligation of Applicant to enter into residency in any **Heritage** facility. Applicant's admission as a resident in a **Heritage** facility, and Applicant's obligations hereunder, shall be effective only after Board approval and then only after all of the **Heritage** Residency Agreements specified below are fully executed by all parties and in force.

V - Heritage Residency Agreements

Important – Read Carefully. Applicant is encouraged to timely address questions and concerns he/she has related to any of the Heritage Residency Agreements (defined below) with a Heritage Admissions coordinator and Applicant's trusted personal advisor(s) prior to signing and contracting with Heritage.

Upon admission, the following agreements and contracts will establish and control the rights and obligations of **Heritage** and its residents relating to or arising out of residency in a **Heritage** facility or care or services rendered during any residency, and be binding upon their respective successors in interest:

- Application for Admission; and
- Admission Agreement; and
- Any other contracts or agreements signed by Applicant relating to residency in a **Heritage** facility; and
- All writings referenced in or attached to any of the above.

All of the above agreements and contracts ("**Heritage** Residency Agreements") are incorporated in this Agreement and together they constitute one entire and integrated agreement. **Heritage** Residency Agreements shall be interpreted under the laws of the State of Indiana, except its choice of law provisions.

To the extent that any provision(s) of any agreement or contract between Applicant and **Heritage** is determined by a competent authority to be invalid, illegal, or unenforceable for any reason, that provision or part-provision shall, only to the extent required, be deemed to be deleted, and the remaining contractual provisions shall continue to be fully effective and binding to the full extent allowed by law.

VI - Acknowledgement and Signature: I acknowledge that I have read and understand the above Admission Agreement. In the event of my admission to **Heritage** residency, I acknowledge being contractually obligated as a resident to comply with the terms of the **Heritage** Residency Agreements and to act responsibly as a part of the **Heritage** Community family. Incomplete and/or incorrect information provided to **Heritage** in the Application for Admission is grounds for denial of admission or, if admission is granted prior to all of the circumstances being known, termination of residency at the reasonable election of **Heritage**.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF REPRESENTATIVE FOR APPLICANT _____ **DATE:** _____

POA **GUARDIANSHIP** **OTHER** : _____