

EMERGENCY PLANS:

In the event of serious illness or death, please notify the following individual(s).

First:
 Name: _____ Relationship: _____
 Address: _____
 Phone (include area code): Work: _____ Home: _____

Second:
 Name: _____ Relationship: _____
 Address: _____
 Phone (include area code): Work: _____ Home: _____

Third:
 Name: _____ Relationship: _____
 Address: _____
 Phone (include area code): Work: _____ Home: _____

How did you learn about Baptist Retirement Homes?

Friend
 Name: _____ Address: _____

Mailing Advertisement Internet Family
 Hospital Phone Book Church Visit
 Other: (Please List) _____

POWER OF ATTORNEY:

Have you appointed a person who, if needed, can legally handle business affairs for you and has the document been recorded? Yes____ No____

If yes, give name and attach recorded copy of Power of Attorney: _____

Address: _____
 Phone (include area code): Work: _____ Home: _____

SIGNATURE:

This application in made of my own free will and accord. I understand that this application is a preliminary step in the consideration of my request to become a resident of a community of the Baptist Retirement Homes of North Carolina, Incorporated and does not make a commitment on either my part or that of Baptist Retirement Homes. I certify that I have given full, true, and complete answers to each of the questions and acknowledge that Baptist Retirement Homes will rely on my answers as an inducement to contract. Further I acknowledge that the provision of misleading, incomplete, false or fraudulent answers in such application may subject me to a variety of penalties, including but not limited to rescission of my residency agreement and termination of my residency in Baptist Retirement Homes to the extent permitted by law. I also understand that if accepted for admission, I must pay on a thirty day basis for the care and services provided at the Western North Carolina Baptist Home. Any need for financial assistance must be submitted to the Benevolent Ministry Committee for consideration.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Responsible Party: _____



BAPTIST RETIREMENT HOMES

OF NORTH CAROLINA, INCORPORATED

PROUDLY SERVING OLDER ADULTS SINCE 1951

APPLICATION FOR RESIDENCY

Applicant _____
(Please Print Full Name)

Application being made for:

- Brookridge Retirement Community**
1199 Hayes Forest Drive
Winston-Salem, NC 27106
- INDEPENDENT LIVING
 - Studio Apartment
 - One Bedroom Apartment
 - Two Bedroom Apartment
 - Two Bedroom Deluxe Apartment
 - Garden Home
- ASSISTED LIVING
- MEMORY ENHANCED RESIDENCE
- HEALTH CARE UNIT SNF ICF

- Gardens of Taylor Glen**
3700 Taylor Glen Lane
Concord, NC 28027
- INDEPENDENT LIVING
 - One Bedroom Apartment
 - One Bedroom Deluxe Apartment
 - Two Bedroom Apartment
 - Two Bedroom Deluxe Apartment
 - Two Bedroom Classic Apartment
- ASSISTED LIVING
- MEMORY ENHANCED RESIDENCE
- HEALTH CARE UNIT SNF ICF

- Western North Carolina**
213 Richmond Hill Drive
Asheville, NC 28806
- ASSISTED LIVING
- MEMORY ENHANCED RESIDENCE
- HEALTH CARE UNIT SNF ICF

- Taylor House**
319 Palmer Street
Albemarle, NC 28001



Please answer questions as completely and accurately as possible.
 To include additional information, comments or to clarify any answers, attach additional pages.

PERSONAL INFORMATION:

Full Name: _____ Social Security No.: _____

Current Mailing Address: Street _____ Route _____ Box _____

City/State: _____ Zip: _____ Telephone: () _____

Email: _____ (include area code)

Place of Residence for the last three years (if different from above): _____

Date of Birth: _____ Place of Birth (City, State): _____

Are you a veteran? Yes _____ No _____ Branch of Service _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Name of Living Spouse: _____

Funeral Plans: _____

Hospital Preference: _____

Have you lived in another retirement home, adult care home, nursing home? Yes _____ No _____

If yes, please give the name, dates you lived there, and why you left.

CHURCH AFFILIATION:

Name of Church: _____ Member: Yes _____ No _____

Address: _____ Denomination: _____

Pastor's Name: _____ Telephone: () _____

Address: _____

EDUCATION AND LIFE WORK:

Circle the highest number of years completed in formal education:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 _____

High School of Graduation: _____

College or University Degrees: _____ From: _____

_____ From: _____

_____ From: _____

_____ From: _____

Your Vocation(s) or Profession(s): _____

Spouse's Vocation(s) or Profession(s): _____

Retirement: From _____ Date _____ Yrs. of employment _____

Spouse's Retirement: From _____ Date _____ Yrs. of employment _____

List ALL Your Children Still Living:

Name Complete Address ZIP Phone Number (include area code)

INSURANCE INFORMATION: (check all which apply)

Medicare No.: _____ Type of Medicare Coverage: A B

Current Physicians:

Name: _____ Telephone: () _____

Address: _____

Name: _____ Telephone: () _____

Address: _____

Name: _____ Telephone: () _____

Address: _____

Hospital Insurance: Company: _____

Group # _____ Policy # _____

Company: _____

Group # _____ Policy # _____

Life Insurance: Company: _____

Group # _____ Policy # _____

Company: _____

Group # _____ Policy # _____

Do you have a policy to cover nursing home care? Yes _____ No _____

Company: _____

Group # _____ Policy # _____

Company: _____

Group # _____ Policy # _____

List other policies currently being carried.

Company: _____

Group # _____ Policy # _____

Company: _____

Group # _____ Policy # _____

Company: _____

Group # _____ Policy # _____

FINANCIAL STATEMENT

The following information on your income and financial assets is needed to assist the Baptist Retirement Homes' Admissions Committee in working with you to arrive at a mutually satisfactory financial arrangement.

Monthly Income:	Amounts
Social Security.....	\$ _____
Supplemental Security Income.....	\$ _____
State/County Special Assistance.....	\$ _____
Annuity.....	\$ _____
Railroad Retirement.....	\$ _____
State Employee Retirement (From State of _____)	\$ _____
Veterans Pension or Compensation	\$ _____
Civil Service.....	\$ _____
Alimony.....	\$ _____
Interest.....	\$ _____
Dividends.....	\$ _____
Rental Income	\$ _____
Salaries, Commissions, Other Income	\$ _____
Support from Children and/or Other Relatives	\$ _____
Other.....	\$ _____
TOTAL MONTHLY INCOME	\$ _____

Assets:

Cash	\$ _____
Checking Account(s) Where? _____	\$ _____
Savings Account(s) Where? _____	\$ _____
Life Insurance (approximate cash value).....	\$ _____
Bonds (approximate market value on date _____)	\$ _____
Stocks (approximate market value on date _____)	\$ _____
Home (Use latest tax value)	\$ _____
Date of last certified appraisal (_____)	\$ _____
All Other Real Estate (Total Estimated Value)	\$ _____
Are there any mortgages, liens, or leases on any of the above properties? Yes _____ No _____	
If yes, explain briefly: _____	

Other Assets: (Describe and give approximate value)

_____	\$ _____
_____	\$ _____
TOTAL ASSETS \$	\$ _____

Debts other than those above amount to

Are you the beneficiary of a life insurance policy? Yes _____ No _____ or estate? Yes _____ No _____

Have you sold or transferred any real estate? Yes _____ No _____ If yes, describe and list to whom sold or transferred.

_____ Value of Real Estate _____

_____ Value of Real Estate _____

Have you given away or transferred money in excess of \$5000 in the past five (5) years? Yes _____ No _____

If yes, list amount and transaction(s).

Date: _____ Amount: _____

Date: _____ Amount: _____