



# BREVILLIER VILLAGE RESIDENT APPLICATION

**Ball Pavilion**  
**Skilled Nursing Care/Rehabilitation**  
5416 East Lake Road  
Erie, PA 16511  
Fax 814-898-1910

**Conrad House**  
**Independent Living**  
5436 East Lake Road  
Erie, PA 16511

**Barnabas Court North and South**  
**Personal Care/Residency/Independent**  
5456 East Lake Road  
Erie, PA 16511  
Fax 814-899-1862

NAME:

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle*

ADDRESS:

\_\_\_\_\_ *Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

PHONE:

BIRTHDATE:

\_\_\_\_\_

MARITAL STATUS (circle one): **Married** **Single** **Widow(er)** **Divorced** **Separated**

NAME OF SPOUSE:

\_\_\_\_\_

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME AND RELATIONSHIP TO RESIDENT	ADDRESS (CITY, STATE, ZIP)	TELEPHONE (HOME, WORK & CELL)
email:		h w c
email:		h w c

Person responsible for receiving monthly Brevillier Village billing/invoices:

\_\_\_\_\_

POWER OF ATTORNEY/GUARDIAN:

NAME AND RELATIONSHIP TO RESIDENT	ADDRESS (CITY, STATE, ZIP)	TELEPHONE (HOME, WORK & CELL)

DO YOU HAVE A LIVING WILL? YES \_\_\_ NO \_\_\_ If yes, we must have a copy.

YOUR PERSONAL PHYSICIAN:

Name

Address (city, state, zip)

Phone Number

HOSPITAL PREFERENCE:

\_\_\_\_\_

## INSURANCE INFORMATION

\*\* BREVILLIER VILLAGE MUST HAVE A COPY OF ALL INSURANCE CARDS PRIOR TO DAY OF MOVE-IN.\*\*

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**MEDICARE NUMBER:** \_\_\_\_\_

**NAME OF INSURANCE (other than Medicare):** \_\_\_\_\_

**GROUP #:** \_\_\_\_\_ **AGREEMENT #:** \_\_\_\_\_ **PHONE # ON CARD:** \_\_\_\_\_

**MEDICAL ASSISTANCE/ACCESS NUMBER :** \_\_\_\_\_

**SECONDARY/MEDIGAP POLICY**

**NAME OF INSURANCE** \_\_\_\_\_ **GROUP #** \_\_\_\_\_

**AGREEMENT #** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**PRIVATE LONG TERM CARE INSURANCE (\*\*PLEASE INCLUDE A COPY OF POLICY\*\*)**

**NAME** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**MEDICARE PART D PRESCRIPTION PLAN?**

**NAME:** \_\_\_\_\_ **POLICY #** \_\_\_\_\_ **AGREEMENT #** \_\_\_\_\_

**MEDICARE BLACK LUNG PROGRAM: YES NO**

**WHAT IS YOUR RELIGION?:** \_\_\_\_\_ **Church Name:** \_\_\_\_\_

**Church Address (city, state, zip):** \_\_\_\_\_

**Church Phone Number:** \_\_\_\_\_ **Pastor's Name** \_\_\_\_\_

**SERVED IN THE MILITARY?: YES NO (circle one)** **Branch of Military** \_\_\_\_\_

**YOUR SPOUSE?: YES NO (circle one)** **Branch of Military** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?: YES NO (circle one)**

**HOW DID YOU HEAR ABOUT BREVILLIER VILLAGE?:** \_\_\_\_\_

**CHECK BUILDING YOU ARE APPLYING FOR:**

- |   |  |
|---|--|
| <input type="checkbox"/> Ball Pavilion – Short Stay Rehab       | <input type="checkbox"/> Barnabas Court South – Independent Living       |
| <input type="checkbox"/> Ball Pavilion – Long Term Nursing Care | <input type="checkbox"/> Conrad House – Independent Living (choose size) |
| <input type="checkbox"/> Barnabas Court North – Personal Care   | <input type="checkbox"/> Studio  |
| <input type="checkbox"/> Barnabas Court South – Personal Care   | <input type="checkbox"/> One Bedroom                                     |
| <input type="checkbox"/> Barnabas Court South – Residency       | <input type="checkbox"/> Large One Bedroom with storage space            |

The information is necessary to evaluate your request for move-in. Please complete and return to Brevillier Village, Attention: Director of Admissions/Home Care and will be held in strict confidence. The acceptance of this form does not bind either party to admission.

## MOVE-IN POLICY

Brevillier Village admits and treats all residents without regard to race, color, national origin, ancestry, age, sex, religious creed, disability or handicap. As such, no resident shall be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care or service; on the grounds of race, color, national origin, ancestry, age, sex, religious creed, disability or handicap. There shall be no segregation of building, wings, floors, and rooms for reasons of race, color, national origin, ancestry, age, sex, religious creed, disability or handicap.

By signing this application I authorize Brevillier Village to obtain and use medical information on said applicant in accordance with Privacy Practices contained herein. Information will be kept confidential and HIPAA guidelines will be followed.

I authorize Brevillier Village to obtain names of previous landlords to verify rental history and complete a criminal and sexual predator check.

Landlord's Name: \_\_\_\_\_

Address: \_\_\_\_\_

**FINANCIAL INFORMATION**

**\*\* FINANCIAL SECTION OF APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR MOVE-IN.\*\***

**Income Information:**

Income Sources	Identify Investment Type/Name	Gross Income Type	How Often Paid
<input type="checkbox"/> Social Security	_____	_____	_____
<input type="checkbox"/> Veterans Benefits	_____	_____	_____
<input type="checkbox"/> Pensions	_____	_____	_____
<input type="checkbox"/> Railroad Retirement	_____	_____	_____
<input type="checkbox"/> Black Lung	_____	_____	_____
<input type="checkbox"/> Annuity (Company)	_____	_____	_____
<input type="checkbox"/> Payment from a Trust	_____	_____	_____
<input type="checkbox"/> Interest/Dividend (Source)	_____	_____	_____
<input type="checkbox"/> Other Income	_____	_____	_____

<b>Direct Deposit or mailed to:</b> <b>(Guardian, Representative Payee) →</b>	<b>Address:</b>
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<b>Resources (Checking, Savings, IRA, CD's Stocks, etc.</b> <i>List all accounts that include applicant's and/or spouse's name and money.</i>				<input type="checkbox"/> <b>None</b>
Bank Name/Branch	Account Type	Account Number	Current Balance	Name(s) on Account/Owner

<b>Life Insurance</b>				<input type="checkbox"/> <b>None</b>
Company Name	Policy #	Face Value	Current Cash Value	Who Owns the Policy

<b>Burial Arrangements</b>			<input type="checkbox"/> <b>None</b>
<b>Funeral Home/Address:</b>			
<b>Value of Account: \$</b>	<b>Date Established:</b>	<b>Phone #:</b>	

<b>Real Estate</b>			<input type="checkbox"/> <b>None</b>	
Location 1	Owner	Value	Income Producing	
		\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location 2	Owner	Value	Income Producing	
		\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Automobiles, Recreation Vehicles, Trucks, Motorcycles						<input type="checkbox"/> None	
Name of Owner(s)	Year	Make	Model	Licensed?	Plate Number	Amount Owed	

Within the past 5 years have you closed, given away, sold or transferred any assets such as: a home, land, personal property, life insurance policies, annuities, bank accounts, certificates of deposit, stocks, IRA, bonds, trust funds, or a right to income for less than Fair Market Value?  No  Yes

If yes, explain circumstances (Attach extra paper if needed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of Resource(s)	Market Value at time of transfer: \$	Date of transfer or closing:
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I certify, according to the best of my knowledge, the information provided in this application is complete, accurate and true. **I also understand failure to notify Brevillier Village of change in financial status or non-payment of charges can result in discharge from Brevillier Village.**

I understand that all Financial Information will be updated prior to move-in and as needed during residency at Brevillier Village.

**I understand that Brevillier Village is not a Continuing Care Retirement Community (CCRC) as defined by the PA Department of Insurance.**

**Residents of Brevillier Village have a priority for other buildings within the Village when a different level of care is needed, but there is no guarantee that an appropriate bed/apartment will be available at the time of need.**

\_\_\_\_\_  
*Applicant's Signature or Power Attorney or Nearest Relative*

\_\_\_\_\_  
*Date*

**\*\*\*Entire application must be completed to be considered for move-in.\*\*\***

Office Use Only

Application received by: \_\_\_\_\_  
*Staff Person*

Date application was received: \_\_\_\_\_