



BREVILLIER VILLAGE RESIDENT APPLICATION

5416 East Lake Road
Erie, PA 16511
814-899-8600
Brevillier.org

Ball Pavilion Skilled Nursing Care Rehabilitation Hospice	Barnabas Court North Personal Care Memory Support	Barnabas Court South Personal Care Residency Independent Living	Conrad House Independent Living for Older Adults
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Name: _____
Last
First
Middle

Address: _____
Street

City
State
Zip

Phone Number: _____ **Birthdate:** _____

Marital Status (circle one): Married Single Widow(er) Divorced Separated

Name of Spouse or Partner: _____

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 _____

POWER OF ATTORNEY/GUARDIAN/RESIDENT REPRESENTATIVE:

Name and Relationship To Resident	Address (City, State, Zip)	Telephone (Home, Work & Cell)

Do you have a living will? Yes ___ No ___ If yes, facility must have a copy.

Personal Physician (Please list Name, Address, Phone Number on the line below):

Name
Address (city, state, zip)
Phone Number

Hospital Preference: _____

Person responsible for receiving monthly Brevillier Village billing/invoices: _____

INSURANCE INFORMATION

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

Social Security Number: _____ **Medicare Number:** _____

Primary Insurance (other than Medicare): _____

Group #: _____ **Agreement/Member ID/Policy #:** _____

Phone # On Back of Card: _____

Secondary/Medigap Policy

Name of Insurance _____ **Group #** _____

Agreement/Member ID/ Policy# _____ **Phone #** _____
(on back of card)

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** (circle one)

Religion?: _____ **Church or Synagogue:** _____

Church (Address & phone number): _____

Served in the Military?: **Yes** **No** (circle one) **Branch of Military** _____

Your Spouse/Partner?: **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 the Building You Are Applying For:

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

The information requested is required to evaluate your request for admission. Please complete and return to Brevillier Village, attention: Director of Admissions. All information will be considered by the Admission Committee and will be held in strict confidence. The acceptance of this form does not bind either party to admission.

FINANCIAL INFORMATION

** FINANCIAL SECTION OF APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR ADMISSION.**

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): _____

Types of Resource(s)	Market Value at time of transfer: \$	Date of transfer or closing:

Income Information:

Income Sources	Identify Investment Type/Name	Gross Income Amount	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	_____	_____	_____

Direct Deposit or mailed to:
(Guardian, Resident Representative) →

Address:

Resources (Checking, Savings, IRA, CD's Stocks, etc.

List all accounts that include applicant's and/or spouse's name and money.

None

Bank Name/Branch	Account Type	Account Number	Current Balance	Name(s) on Account/Owner

Life Insurance

None

Company Name	Policy #	Face Value	Current Cash Value	Who Owns the Policy

Burial Arrangements

None

Funeral Home/Address:

Value of Account: \$

Date Established:

Phone #:

Real Estate

None

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

None

Name of Owner(s)	Year	Make	Model	Licensed?	Plate Number	Amount Owed

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: _____

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 facility.**

I understand that all Financial Information will be updated prior to admission 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 not guarantee that an appropriate bed/apartment will be available at the time of need.

Applicant's Signature or Power Attorney or Nearest Relative

Date

Please mark any buildings you may have already toured:

Ball Pavilion _____ Barnabas Court North _____ Barnabas Court South _____ Conrad House _____

*****Entire application must be completed to be considered for admission.*****

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Office Use Only

Application received by: _____
Staff Person

Date application was received: _____