



Admission Application

Please print out and complete this form. Once you have completed it please mail it to Pickering Manor.
You can also send it as an email attachment to admissions@pickeringmanor.com

OFFICE USE ONLY

Date Received ___/___/___

Date of Admission ___/___/___

Name of Applicant _____
(Last) (First) (Middle)

Address: _____

Date of Birth ___/___/___

E-mail: _____

Social Security ___ - ___ - ___

Medicare # _____

Marital Status ☐ Married ☐ Single ☐ Widow ☐ Divorced ☐ Separated

Religion _____

Are you a Veteran? ☐ YES ☐ NO

Power of Attorney(s) Name _____

Phone number _____ Email _____

Do you have a living will? ☐ YES ☐ NO

Do you have end of life arrangements? ☐ YES ☐ NO

If not who should we contact? _____

Medical and Financial Power of Attorney

List of Living Relatives (children, brothers, sisters, other)

Name	Address	Relationship	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pickering Manor 226 N Lincoln Ave Newtown, PA 18940

(P) 215-968-3878 (F) 215-211-1111 Email: Admissions@pickeringmanor.com

PRIMARY INSURANCE: Check One ☐ Medicare ☐ Other
If Other, Name _____ Policy # _____ Group # _____
Address _____
Telephone # _____ Subscriber _____

SECONDARY INSURANCE: Check One ☐ Medicare ☐ Other

List Hobbies, Activities and Social Interests _____

State any serious illness you have had within the last five years

Name and address of Physician who last attended you and the dates?

Doctor: _____ Address: _____

Have you been a resident in any other facility? ☐ YES ☐ NO

Name of Facility: _____ Date of Admission: ____/____/____

Did Medicare cover your stay? ☐ YES ☐ NO

Reason for Leaving _____

With whom are you now living and under what arrangement?

How long can this continue?

What are your reasons for desiring admission to Pickering Manor Home?

Financial Fact Sheet

1. Source of MONTHLY Income:

Social Security \$ _____
Pension (Describe) \$ _____
Annuity \$ _____
Interest \$ _____
Dividends \$ _____
Rental Income \$ _____
Other (Describe) _____ \$ _____
Value of Home? _____

2. Residence:

Do you rent? ☐ YES ☐ NO

Do you own your home? ☐ YES ☐ NO

If you own your home what is the balance due on the mortgage? \$ _____

Do you have a reverse Mortgage? _____

Whose name(s) are on the deed? _____

What is their relationship to you? _____

Liabilities: ☐ Credit Cards ☐ Loans ☐ Other Describe: _____

3. Capital Assets:

Other Real Estate (Net Value)

Cash Accounts:	Amount	Joint Owned with:	Relationship
Checking	\$ _____	_____	_____
Savings	\$ _____	_____	_____
Certificates	\$ _____	_____	_____
*Bonds (face Value)	\$ _____	_____	_____
*Stocks (Last Statement)	\$ _____	_____	_____
Trust Fund	\$ _____	_____	_____
Other (Describe)	_____	_____	_____

Will the above stated resources be available for payment for the care of this applicant?

☐ YES ☐ NO

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I herby attest that the information on the foregoing Financial Fact Sheet is true and correct to the best of my knowledge, and understand that any false statements therein shall void my acceptability as a resident at Pickering Manor Home. I further understand and agree that all items listed as Income and Capital Assets (other than the Sale Value of the Home) must be verified by written documentation immediately prior to my admission to Pickering Manor Home.

Finally, based upon the assurance of confidentiality hereby grant permission to the management of Pickering Manor Home to investigate and verify all information provided on this financial fact sheet, and for the applicable financial institutions to release said information to Pickering Manor Home and the applicable financial institution from any and all liability resulting from said investigations.

Type of Residency Requested at Pickering Manor Home:

☐ Cottage 1 bedroom

☐ Apartment 1 bedroom

☐ Cottage 2 bedroom

☐ Apartment 2 bedroom

☐ Skilled

☐ First Floor

☐ Second floor

☐ Assisted Living/Personal Care (please check which floor)

Applicant (please print)	Responsible Party/POA (please print)
_____	_____
Address _____	Address _____
_____	_____
_____	_____
_____	_____
Daytime Phone _____	Daytime Phone _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-mail _____
Signature _____ Date _____	Signature _____ Date _____

How did you hear about us?

☐ Website

☐ Physician Referral

☐ Newspaper

☐ Telephone Book

☐ Community Event

☐ Friend

☐ Hospital referral

☐ Other: _____