

Dear Prospective Resident:

Hello and thank you for your interest in The Hickman! *We are proud to offer older individuals the opportunity to seek the richness of life's possibilities.*

In this packet are forms for you to complete. These will help us determine if The Hickman's programs and services can meet your needs. Upon review, you will find there are two parts: a general application and a medical evaluation that must be completed by your doctor. Please return the completed forms to:

THE HICKMAN
ATTN: ANTHONY DECAROLIS
400 NORTH WALNUT ST.
WEST CHESTER, PA 19380-2487

At a mutually convenient time, we will arrange an interview for you with members of the admissions and resident care departments. After the interview, you are encouraged to stay to enjoy a meal with residents.

Applicants are admitted on a first-come, first-available basis, depending on personal preferences and care needs. Following the successful completion of the interview and receipt of the one-time community fee, we will schedule your move-in. If space is not immediately available, your name will be placed on a waiting list.

The Hickman understands that the decision to enter a community such as ours is made after considerable thought and evaluation. Our goal is to work with you to make the process enjoyable and straightforward. Please call with any questions you have so that we can answer them quickly and thoroughly.

Again, thank you for your interest in The Hickman. We look forward to welcoming you.

TEL 484-760-6300 FAX 610-696-1627 www.thehickman.org

APPLICATION FOR RESIDENCY

THE HICKMAN

400 N. Walnut St., West Chester, PA 19380 · (484) 760-6300, FAX (610) 696-1627 · Anthony@thehickman.org

Personal Information

Name _____ Phone Number _____ Date of Birth _____

Social Security Number : _____

Address: _____

Marital Status Single Married Widowed Divorced

Friends Meeting or Other Religious Congregation _____

Health Insurance Plan and Policy No. _____

(Please Attach Copies of Cards)

Prescription Drug Plan and Policy No. _____

Would you bring a car? Yes No

Interests and Hobbies _____

How did you hear of The Hickman? _____

Family Members (attach additional sheet if necessary)

Name _____

Relationship _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Evening Phone Number _____

Email Address _____

Name _____

Relationship _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Evening Phone Number _____

Email Address _____

Medical Information

Doctor _____

Address _____

Doctor's Office Phone Number _____ Years _____

Dietary Restrictions _____

Signature _____ Date _____

FINANCIAL STATEMENT INCOME

THE HICKMAN

400 N. Walnut St., West Chester, PA 19380 · (484) 760-6300, FAX (610) 696-1627 · Anthony@thehickman.org

In connection with my admittance to The Hickman, I submit the following statement, to be used by The Hickman to verify my ability to meet the Admission Fee, weekly or monthly room and board charges, and personal needs. I understand that this information will be kept confidential. Please provide income by **month** for each of the following:

Income	Dollar Amount
Employment and/or Pension	\$ _____
Social Security	\$ _____
SSI	\$ _____
Rents	\$ _____
Dividend Income	\$ _____
Income from Trust Funds	\$ _____
Interest Income	\$ _____
Family Support and Other	\$ _____
Total:	\$ _____

Expenses	Dollar Amount
Medical, Out of Pocket Subscriptions, and Insurance	\$ _____
Food	\$ _____
Subscriptions, Gifts, and Contributions	\$ _____
Clothes, Toiletries, and Personal Grooming	\$ _____
Telephone and Cable Television	\$ _____
Entertainment (Dining Out, Movies, etc.)	\$ _____
Total:	\$ _____

The above information is accurate and correct.

Signature _____ Date _____

FINANCIAL STATEMENT ASSETS

THE HICKMAN

400 N. Walnut St., West Chester, PA 19380 · (484) 760-6300, FAX (610) 696-1627 · Anthony@thehickman.org

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Assets/Documents to include	Dollar Amount
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Real Estate Property

List property addresses. If current residence, provide tax assessment. \$ _____
 Include HUD-1 forms for all Properties sold over last 20 Years.

Car, Boat, RV

Year _____ Make _____ Model _____ Mileage _____ \$ _____

Checking/Savings Accounts

Include Most Recent Statements \$ _____

Life Insurance

\$ _____

Copy of policy including commencement, renewal date, premium, benefit amount, and beneficiaries

Stock and/or Bond Portfolios

Include Most Recent Statements \$ _____

Trust Fund

Include Most Recent Statements \$ _____

Future Legacies

\$ _____

Total: \$ _____

Comments about any financial information:

The above information is accurate and correct.

Signature _____ Date _____