

Dear Friend,

Thank you for your interest in The Hickman. If you would like to become a member of our community, please following the application procedure below. Also, please note that your reservation is not final until all completed forms have been received and reviewed and until a care level assessment has been performed and all information has been approved.

To process your application, we will require:

**Application and Financial Statement Form**

Please complete all sections of this form and provide the supportive documentation, as requested. In addition, please complete:

**Health Records**

Please schedule an appointment with your physician within 30 days of your scheduled move-in.

Your physician should complete all sections of the following health records:

Adult Residential Licensing – Documentation of Medical Evaluation (DME)

Resident Application – Pre-Admission Screening forms.

Resident Record – Indicated areas on page 1 only.

Please discuss your preferences for life-sustaining treatment and fill out one or both of the forms listed below. PA regulations require that personal care home staff perform CPR unless we have one or both of these form documents in your file.

Pennsylvania Order for Life-Sustaining Treatment (POLST) – PREFERRED FORM

Out of Hospital Do-Not-Resuscitate Order

**Care Level Assessment**

Once all your application and health record information has been gathered, please contact me to schedule an appointment for a care level assessment.

**Additional Forms**

Please complete the following documents and return them to The Hickman with your application:

Resident Record – Indicated areas on page 1 only

Resident Contact Information Form

Please return the above information along with your application fee (check made out to “The Hickman”). If any questions arise during this process, please contact me at the number listed below. I am always available to help you through this process.

Sincerely,

*Diane Kauffman*

Diane Kauffman,

Marketing and Sales Manager

**Personal Information**

Name \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number : \_\_\_\_\_ DOB: \_\_\_\_\_

Marital Status       Single       Married       Widowed       Divorced

Friends Meeting or Other Religious Congregation \_\_\_\_\_

Are you a veteran or the spouse / widow / widower of a veteran?    Yes       No

Appointed Power of Attorney: \_\_\_\_\_

Do you have a Living Will:       Yes       No

**Attach copies of Power of Attorney & Living Will (if applicable)**

**Emergency Contacts: (Attach additional sheet if necessary.)  
Please indicate to whom financial statements will be addressed if other than yourself.**

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Information (PLEASE ATTACH COPIES OF INSURANCE & PRESCRIPTION CARDS)**

Attending Physician: \_\_\_\_\_

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

Doctor's Office Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Long Term Care Insurance:       Yes       No

# FINANCIAL STATEMENT INCOME

## THE HICKMAN

400 N. Walnut St., West Chester, PA 19380 ▪ (484) 760-6403 ▪ FAX (610) 696-1627 ▪ dkauffman@thehickman.org

I submit the following statement, to be used by The Hickman to verify my ability to meet the Admission Fee, 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	\$ _____
Dividend Income	\$ _____
Income from Trust Funds	\$ _____
Interest Income	\$ _____
Family Support	\$ _____
Other	\$ _____
<b>Total:</b>	<b>\$ _____</b>

*Please attach most recent tax return.*

Expenses	Dollar Amount
Medical, Out of Pocket Prescriptions, and Insurance	\$ _____
Subscriptions, Gifts, and Contributions	\$ _____
Personal Living Expenses (Clothing, etc.)	\$ _____
Hickman Telephone, Internet & Cable TV Service Plan	\$ _____
Entertainment (Dining Out, Movies, etc.)	\$ _____
<b>Total:</b>	<b>\$ _____</b>

*The above information is accurate and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

# FINANCIAL STATEMENT ASSETS

## THE HICKMAN

400 N. Walnut St., West Chester, PA 19380 · (484) 760-6403, FAX (610) 696-1627 · dkauffman@thehickman.org

I submit the following statement, to be used by The Hickman to verify my ability to meet the Admissions Fee, monthly room and board charge, and personal needs. I understand that this information will be kept confidential.

Assets/Documents to include	Dollar Amount
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**Real Estate Property**  
List property addresses.

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(If current residence, please provide tax assessment)

**IS THE PROPERTY FREE AND CLEAR OF ANY LIENS?**  Yes  No

Checking/Savings Accounts: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_

**Money Market/CD Accounts:** \_\_\_\_\_ \$ \_\_\_\_\_

**Stock and/or Bond Portfolio:** \_\_\_\_\_ \$ \_\_\_\_\_

**Other:** \_\_\_\_\_ \$ \_\_\_\_\_

**Life Insurance:** \_\_\_\_\_ \$ \_\_\_\_\_

**Trust Fund:** \_\_\_\_\_ \$ \_\_\_\_\_

**Future Legacies:** \_\_\_\_\_ \$ \_\_\_\_\_

**Total:** \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_

*Please attach all verifying statements*

**Comments about any financial information:**

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**If a Guarantor/s is indicated, that/those persons must provide documentation and signature.**

*The above information is accurate and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE HICKMAN  
FINANCIAL OFFICER APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_