

APPLICATION FOR ADMISSION

TO



Redstone Highlands[®]
Communities

Operated by Redstone Presbyterian SeniorCare

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO BE CONSIDERED FOR ADMISSION

GENERAL INFORMATION

Please Type or Print

1. First Person Name in full _____
2. Second Person Name in full _____
3. Address _____
4. Telephone _____ First Person Email Address _____
Second Person Email Address _____
5. First Person Date of Birth _____
Second Person Date of Birth _____
6. Presently Residing: _____ In own Home _____ In an apartment _____ With friends or relatives
 _____ Hospital _____ Nursing home _____ Other _____
7. First Person Social Security No. _____ Medicare No. _____
8. Second Person Social Security No. _____ Medicare No. _____
9. First Person Hospitalization _____ Group Number _____ Identification Number _____
10. Second Person Hospitalization _____ Group Number _____ Identification Number _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARDS, PHOTO ID AND SOCIAL SECURITY CARD WITH THIS APPLICATION

11. Marital Status: Single _____ Married _____ Widowed _____ Widower _____ Divorced _____

12. Name and residence of Children, Relatives, Responsible Party, Power of Attorney, Executor of Will to be contacted in an emergency:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
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a. _____

b. _____

c. _____

13. First Person Are you a Veteran? YES _____ NO _____ Branch of Service _____

Did you Serve during Wartime? YES _____ NO _____

14. Second Person Are you a Veteran? YES _____ NO _____ Branch of Service _____

Did you Serve during Wartime? YES _____ NO _____

15. Will you bring a pet (applicable to apartment and villa residents only) YES _____ NO _____ If yes, what kind? _____

16. Do you smoke? YES _____ NO _____

Redstone Highlands does not permit the use of any form of tobacco on the premises.

ADDITIONAL INFORMATION

1. Do you understand that any intentional falsification of information concerning your resources entitles the owner to be released from any obligation or responsibility, and the owner has the right to dismiss you immediately under such circumstances? Yes _____ No _____
2. Residents are required to submit a designated Power of Attorney at the time of admission.
3. Redstone Highlands is not responsible for any loss of residents' personal property. Residents are encouraged to obtain appropriate renter's insurance.
4. Redstone Highlands Health Care Center is Restraint Free.
5. I understand that this application does not obligate me to enter Redstone Highlands, if invited, nor does it obligate Redstone Highlands to accept me.
6. I understand that Redstone Highlands Skilled Services are not covered by all insurances and that it is my responsibility to check with my insurance company regarding coverage.

To whom should bill be sent (please include address (with zip code), email and phone number):

ABOUT RATES:

The monthly fee and/or daily charges may change from time to time as costs increase. Residents will be given at least 30 days advance written notice of changes in charges.

SIGNATURE OF APPLICANT OR RESPONSIBLE PARTY

DATE

SIGNATURE OF APPLICANT OR RESPONSIBLE PARTY

DATE

WITNESS:

It is my belief that the applicant fully understands the contents of this application

SIGNATURE OF WITNESS

DATE

Greensburg
6 Garden Center Drive
Greensburg, PA 15601
724-832-8400

Murrysville
4951 Cline Hollow Road
Murrysville, PA 15668
724-733-9494

North Huntingdon
12921 Redstone Drive
North Huntingdon, PA 15642
724-864-5811



EQUAL HOUSING
OPPORTUNITY

Redstone Presbyterian SeniorCare serves all people regardless of race, color, creed,
religion, sex, national origin, age, familial status, handicap or disability.

