

*APPLICATION FOR ADMISSION*

**The Shook Home  
55 South Second Street  
Chambersburg, PA 17201**

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_
2. Social Security Number \_\_\_\_\_ Citizenship \_\_\_\_\_
3. Name of husband or wife \_\_\_\_\_  
Address (if living) \_\_\_\_\_  
If deceased, place of burial \_\_\_\_\_ Date of Death \_\_\_\_\_
4. Closest living relatives including children:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
5. What was your profession or occupation? \_\_\_\_\_
6. With whom are you now living? \_\_\_\_\_
7. Have you made application for admission to any other home or institution? \_\_\_  
If yes, please give name \_\_\_\_\_
8. Describe your general health condition \_\_\_\_\_  
\_\_\_\_\_  
What serious illnesses have you had in the past five years? \_\_\_\_\_  
\_\_\_\_\_

9. Name of your physician \_\_\_\_\_
10. In case of death or serious illness, the first to be notified should be:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_
11. Religious affiliation \_\_\_\_\_  
Church Name \_\_\_\_\_  
Pastor \_\_\_\_\_
12. Health Insurance Information:  
Medicare Health Insurance claim number: \_\_\_\_\_  
Medicare Part A, Hospital Insurance Yes \_\_\_\_\_ No \_\_\_\_\_  
Medicare Part B, Medical Insurance Yes \_\_\_\_\_ No \_\_\_\_\_  
Blue Cross / Blue Shield 65 Special Yes \_\_\_\_\_ No \_\_\_\_\_  
65 Special Card Number: \_\_\_\_\_ Group: \_\_\_\_\_  
Other Hospital/Medical Insurance (state company and policy number)  
\_\_\_\_\_
13. Burial Arrangements: Place of Internment \_\_\_\_\_  
\_\_\_\_\_ Lot Number \_\_\_\_\_  
Holder of the deed \_\_\_\_\_  
Name of Funeral Director \_\_\_\_\_  
What financial arrangements have been made for funeral expenses?  
\_\_\_\_\_  
Please list amount set aside for burial \_\_\_\_\_
14. What type of accommodations are you requesting?  
Semi-private \_\_\_\_\_ or Private \_\_\_\_\_
15. Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_
16. I was referred to The Shook Home by:  
a. Physician \_\_\_\_\_ b. Hospital Social Services \_\_\_\_\_  
c. Newspaper \_\_\_\_\_ d. Radio \_\_\_\_\_  
e. Television \_\_\_\_\_ f. Friend \_\_\_\_\_  
g. Attorney \_\_\_\_\_ h. Another Shook Home Resident \_\_\_\_\_

- i. Trust Officer or Bank Personnel \_\_\_\_\_
- j. Other, please list \_\_\_\_\_

17. Financial Data Available to Provide for Care of the Resident

<u>Assets</u>		<u>Liabilities</u>	
Value of Real Estate	\$ _____	Real Estate Mortgage	\$ _____
Investments	\$ _____	Notes Owned	\$ _____
Savings Account	\$ _____	Other Debts	\$ _____
Other	\$ _____		
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____

**Regular monthly income**

Social Security	\$ _____
Pension or Retirement income	\$ _____
Rentals	\$ _____
Investments	\$ _____
Other	\$ _____
TOTAL MONTHLY INCOME	\$ _____

Who is financially responsible for paying your bills? \_\_\_\_\_

Do you have a power-of-attorney to act on your behalf? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please name that person: \_\_\_\_\_

Life Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Face Value \_\_\_\_\_

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

If required, would you be willing to furnish a more detailed financial statement?

Yes \_\_\_\_\_ No \_\_\_\_\_

18. The applicant understands that it is the policy of the Home to admit and care for individuals without regard to race, color, national origin, ancestry, age, sex, religious creed, or disability.
19. The applicant, by signing hereunder, affirms that all statements, answers, and other representations provided herein are true.

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

*Upon receipt of completed application, the applicant's name will be placed on the waiting list. Applicants may inquire as to their status on that list at any time. If an applicant no longer desires admission, kindly advise The Shook Home.*

Accompanying this application is a copy of your durable power of attorney, living will, advanced medical directive, insurance cards, social security cards and supporting documentation of available resources including burial (sections 12, 13 and 17).