

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 Date of Birth _____

Second Person Date of Birth _____

5. Presently Residing: _____ In own home _____ In an apartment _____ With friends or relatives
_____ Hospital _____ Nursing home _____ Other _____

6. First Person Social Security No. _____ Medicare No. _____

7. Second Person Social Security No. _____ Medicare No. _____

8. First Person Hospitalization _____ Group Number _____ Identification Number _____

9. Second Person Hospitalization _____ Group Number _____ Identification Number _____

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

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

11. 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. _____

12. First Person Are you a Veteran YES NO Branch of Service _____ Did you Serve during Wartime YES NO

13. Second Person Are you a Veteran YES NO Branch of Service _____ Did you Serve during Wartime YES NO

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

15. Do you smoke? YES NO

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

DO YOU AGREE TO THE FOLLOWING? (Please check YES or NO)

1. Physician and hospital care, medicines and incidental expenses are additional and must be taken care of by the resident and/or his/her family or responsible party, and that services, medications, etc., which are not covered by your admission agreement or any Health Insurance will be billed directly to the resident or his/her family or responsible party.

YES _____ NO _____

2. All payments are due upon receipt of monthly statement. YES _____ NO _____

3. The management of Redstone Highlands will not be responsible for any valuables or money left in the possession of the resident while he/she is residing here, unless they are placed in the facility's safe for safekeeping.

YES _____ NO _____

4. Do you agree, as a resident of Redstone Highlands to comply with the rules and regulations of Redstone Highlands?

YES _____ NO _____

5. 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 _____

6. I acknowledge that I have read or have had read to me this application and that I fully understand and agree to the same.

YES _____ NO _____

To whom should bill be sent:

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.

MISCELLANEOUS:

1. Residents are required to submit a designated Power of Attorney at the time of admission.
2. Redstone Highlands is not responsible for any loss of residents' personal property. Residents are encouraged to obtain appropriate "renter's insurance".
3. Redstone Highlands Health Care Center is Restraint Free.
4. I understand that this application does not obligate me to enter Redstone Highlands, if invited, nor does it obligate Redstone Highlands to accept me.
5. 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.

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

Relationship _____

Address _____

If you have any questions regarding this application, please call the admission's personnel of your community at:

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

Redstone Colonial Estates
772 Frontier Drive
North Huntingdon, PA 15642
724-864-1429



EQUAL HOUSING OPPORTUNITY

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

