

# Messiah Lifeways®

## Application



**FERNECREST**  
A COMMUNITY of MESSIAH LIFEWAYS

This form is required to start the application process for Residential Living at Messiah Lifeways® at Messiah Village or Fernecrest, and Enhanced Living, or Nursing Care accommodations and services at Messiah Lifeways at Messiah Village ("Messiah Village"). Upon final approval, additional paperwork will be required. **There is no application fee.**

### How to apply:

1. Complete the entire application and submit it:

Email to:  
**life@messiahlifeways.org**

or

Fax to:  
**717.795.7695**

or mail or  
drop off at:

**The Welcome Center**  
100 Mt. Allen Drive  
Mechanicsburg, PA 17055

2. Approval is based on a financial screening, a medical screening for those applying for Enhanced Living and Nursing Care, and pursuant to Paragraph 4 below, a Megan's Law background check. Once the application is received and reviewed, the qualified applicant's name will be placed on our applicant list. Applicants will be contacted based on their application date, desired move-in time, and availability of the approved accommodation.
3. **A non-refundable reservation fee is due when a specific accommodation is reserved.** Not applicable for Nursing Care admissions receiving coverage from Medicare, Medicaid or Hospice Services.
4. Messiah Village and Fernecrest seek to ensure the security and safety of its residents. It is the policy of Messiah Village and Fernecrest to preclude the admission of an applicant to any component of the continuum of care (i.e., nursing, personal care or residential living) if: a) the Pennsylvania Megan's Law website reveals that such applicant has been convicted of one or more of the sexual offenses listed under 42 Pa.C.S.A. §9799.14. The list of sexual offenses can be accessed via the following link: [www.pameganslaw.state.pa.us](http://www.pameganslaw.state.pa.us) or b) the applicant is out-of-state and the sex offender registry for the applicable jurisdiction in which the applicant resides reveals that such applicant has been convicted of a sexual offense similar in nature to those offenses listed under 42 Pa.C.S.A. §9799.14. (NOTE: A copy of the sexual offenses listed under 42 Pa.C.S.A. §9799.14 is also available upon request.)

**This application is being submitted for:**  Messiah Village  Fernecrest

#### Applicant 1:

Residential Living (Apartments & Cottages)

Preferred Refund Option:  0%  50%  90%

Desired Floor Plan(s): \_\_\_\_\_

Desired Move in Date: \_\_\_\_\_

Enhanced Living (Personal Care)

Desired Floor Plan(s): \_\_\_\_\_

Desired Move in Date: \_\_\_\_\_

Nursing Care

Desired Move in Date: \_\_\_\_\_

#### Applicant 2:

Residential Living (Apartments & Cottages)

Preferred Refund Option:  0%  50%  90%

Desired Floor Plan(s): \_\_\_\_\_

Desired Move in Date: \_\_\_\_\_

Enhanced Living (Personal Care)

Desired Floor Plan(s): \_\_\_\_\_

Desired Move in Date: \_\_\_\_\_

Nursing Care

Desired Move in Date: \_\_\_\_\_

## Applicant 1

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Current/Former Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Medicare Advantage Plan or HMO name: \_\_\_\_\_

Contract/Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary/Supplemental Medical Insurance name: \_\_\_\_\_

Contract/Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_

Prescription drug plan name: \_\_\_\_\_ Medical Assistance #: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

## Applicant 2

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Current/Former Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Medicare Advantage Plan or HMO name: \_\_\_\_\_

Contract/Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary/Supplemental Medical Insurance name: \_\_\_\_\_

Contract/Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_

Prescription drug plan name: \_\_\_\_\_ Medical Assistance #: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

## Emergency Contacts *(please attach a separate sheet if you would like to list more than 2 contacts)*

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Power-of-attorney?  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Cell #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Power-of-attorney?  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Cell #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

# Financial Disclosure Statement

This entire section must be completed in order for an application to be processed.

Assets	Applicant 1 only	Applicant 2 only	Joint	Total
Checking	\$ _____	\$ _____	\$ _____	\$ _____
Savings/Money Market	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____	\$ _____
CDs	\$ _____	\$ _____	\$ _____	\$ _____
Stocks/Investments/IRA	\$ _____	\$ _____	\$ _____	\$ _____
Bonds/Liquid Annuities	\$ _____	\$ _____	\$ _____	\$ _____
Revocable Trust <i>Please attach a copy of your trust to the application.</i>	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____

Residence Value \$: \_\_\_\_\_ (provide address if different from application information)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Real Estate Value \$: \_\_\_\_\_ Is this providing rental income  Yes  No (if yes, list below under income)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Net Income	Applicant 1 only	Applicant 2 only	Joint	Total
Monthly Social Security	\$ _____ /month	\$ _____ /month	n/a	\$ _____ /month
Monthly Pension	\$ _____ /month	\$ _____ /month	n/a	\$ _____ /month
	<b>Applicant 1: Right of Survivorship</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Right of Survivorship Percentage</b> _____ %	
	<b>Applicant 2: Right of Survivorship</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Right of Survivorship Percentage</b> _____ %	
Monthly Fixed Annuity <i>If annuity is not listed above</i>	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
Monthly Rental Income	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month
Other: _____ <i>i.e. Trusts/Salary</i>	\$ _____ /month	\$ _____ /month	\$ _____ /month	\$ _____ /month

Liabilities/Debt	Applicant 1 only	Applicant 2 only	Joint	Total
Mortgage Balance	\$ _____	\$ _____	\$ _____	\$ _____
Credit Card Balance	\$ _____	\$ _____	\$ _____	\$ _____
Car Loan/Lease Balance	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____

Within the past 5 years have you or your spouse closed, given away, sold or transferred any assets i.e. personal property, a home, land, life insurance policies, annuities, bank accounts, CDs, stocks, IRA bonds, trust bonds, or a right to income?

Yes  No If yes, please provide the value: \$ \_\_\_\_\_ List details & dates: \_\_\_\_\_

Within the past 5 years have you or your spouse transferred any assets into a trust?

Yes  No If yes, please provide the value: \$ \_\_\_\_\_ List details & dates: \_\_\_\_\_

Continue on back →

**Long-Term Care Insurance****Applicant 1 only****Applicant 2 only***Please provide a copy of Summary of Benefits*

Monthly Premium	\$ _____ /month	\$ _____ /month
Predetermined Annual Increase to Premium	\$ _____ or _____ %	\$ _____ or _____ %
Elimination Period (number of days before benefit begins)	_____ days	_____ days
Daily Personal Care/Assisted Living Benefit	\$ _____ /day	\$ _____ /day
Personal Care/Assisted Living Benefit Inflation Rate	_____ %	_____ %
Daily Nursing Care Benefit	\$ _____ /day	\$ _____ /day
Nursing Care Benefit Inflation Rate	_____ %	_____ %
Maximum Benefit Period/Limit	\$ _____ or _____ years	\$ _____ or _____ years

I (we) understand that the Financial Disclosure Statement provided has been submitted for the purpose of obtaining admission to Messiah Lifeways at Messiah Village ("Messiah Village") or Fernecrest.

I (we) represent that the resources listed are and will remain available to pay for the housing, care and services at Messiah Village or Fernecrest. I (we) agree to preserve sufficient assets and income to satisfy my (our) obligations to Messiah Village or Fernecrest and hereby commit not to give, transfer or assign assets or income during my (our) residency to any person, trust or organization unless I (we) have retained, in my (our) name, sufficient assets and income to satisfy my (our) obligations to Messiah Village or Fernecrest for the duration of my (our) residency in Messiah Village or Fernecrest.

I (we) certify that the provided information is a true and complete statement of my (our) assets, liabilities and income and authorize Messiah Village or Fernecrest to research any information for verification. I (we) acknowledge that any material misrepresentation or nondisclosure of assets and liabilities may affect my (our) applicant status or residency at Messiah Village or Fernecrest. I understand Messiah Lifeways may request proof of financial status.

**Applicant 1 or Designee (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant 2 or Designee (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_



Messiah Lifeways at Messiah Village and Fernecrest welcome all regardless of race, color, age, sex, religion, disability, national origin or ancestry. Admission to Residential Living at Messiah Lifeways at Messiah Village and Fernecrest are limited to older adults age 62 and better. These are smoke-free communities.

**Office use only:**

Reviewed by: \_\_\_\_\_ Review Date: \_\_\_\_\_

Approved  Denied  Other \_\_\_\_\_

Approved Floor Plan(s): \_\_\_\_\_

Megan's Law Conviction:  Yes  No

Checked by: \_\_\_\_\_

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

life@messiahlifeways.org

**Residential Living**  
(Messiah Village and Fernecrest)  
717.591.7224

**Enhanced Living & Nursing Care**  
(Messiah Village)  
717.790.8201