

Application For:

- Studio
- One Bedroom
- Lg. One Bedroom
- 1 Bedroom Deluxe
- Two Bedroom
- Suite



ST. MARTIN'S
IN THE PINES

A Continuing Care Retirement Community

Application for Residency

Independent Living Retirement Apartments

Address: 4949 MONTEVALLO ROAD
BIRMINGHAM, ALABAMA 35210

(205) 956-9440

(205) 263-2747

FAX

Applicant's Name _____ Telephone _____

Street _____ City _____ State _____ Zip _____

Date of Birth ____ - ____ - ____ Birthplace _____ Social Security # _____ - _____ - _____

Marital Status: Married Widowed Other Spouse's Name: _____

Previous Occupation: _____ Veteran: Yes No

Hospital Preference: _____

I request Pastoral visits during hospitalization: Yes No

Attending Physician: _____ Address: _____

City _____ State _____ Zip _____ Telephone: _____

Dentist: _____ Address: _____

City _____ State _____ Zip _____ Telephone: _____

Denomination: _____ Pastor: _____

Church Name: _____ Address: _____ Telephone: _____

Number of Living Children: Sons _____ Daughters _____

Children's Names	Address (Street #, City, State, Zip)	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Responsible Party Name:
(where statement will be sent) _____ Telephone: _____

Address: _____
Street # _____ City _____ State _____ Zip _____

Does Applicant have Power of Attorney? Yes No Who? _____

In case of emergency, notify:

Primary Contact Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone: (home) _____ (work) _____ (mobile) _____ E-Mail: _____

Secondary Contact Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone: (home) _____ (work) _____ (mobile) _____ E-Mail: _____

Payor Source

Income	Monthly	Annually
Social Security Payments	_____	_____
Life Insurance Annuity	_____	_____
Pension or Retirement Plan	_____	_____
Pension or Retirement Plan	_____	_____
Interest (Bank & Securities)	_____	_____
Dividends	_____	_____
Real Estate	_____	_____
Trust	_____	_____
Other	_____	_____
Total	_____	_____

Banking Information:

Bank: _____ Branch: _____

Address: _____ City _____ State _____ Zip _____

My trust officer is: _____ Bank: _____

Branch: _____ City _____ State _____ Zip _____

Cash in bank: Checking: \$ _____ Savings: \$ _____

Real Estate:

I own real estate as follows:

Description	Address	Assessed Value

Assets/Investments:

List other assets/investments you own:

Description: _____ Approximate Value: \$ _____

Description: _____ Approximate Value: \$ _____

Description: _____ Approximate Value: \$ _____

Description: _____ Approximate Value: \$ _____

Financial Liabilities:

What are your financial liabilities: _____

Medical Insurance

Primary Insurance _____ (attach Ins. Card) Premium amt. \$ _____

Secondary / Supplemental Insurance _____ (attach Ins. Card) Premium amt. \$ _____

Other InsuranceDo you have long term care insurance? Yes No

Company Name: _____ (attach copy of policy and card)

Premium Amount \$ _____

Burial Arrangements

Funeral Home to be notified _____

Address _____ Phone: _____

I hereby apply for admission to St. Martin's In The Pines. I have been fully informed as to the rules, regulations and policies of St. Martin's In The Pines relating to admission and residence, particularly with regard to the following:

It is the policy of St. Martin's that no person will be denied residency on the basis of race, color, creed or ethnic origin.

It is the policy of St. Martin's to admit on the basis of urgency of need of the individual and the ability of St. Martin's in its judgment to meet that need compatible with conditions existing at the time a vacancy occurs. By signature of this application, I acknowledge that the needs of others may be considered greater than mine. Eligibility criteria apply immediately prior to admission as well as the time of application.

I understand that St. Martin's will permit each resident to remain in the facility and not transfer or discharge that resident unless:

- a. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met at St. Martin's;
- b. The safety of individuals in St. Martin's is endangered;
- c. The health of individuals in St. Martin's would otherwise be endangered;
- d. The resident has failed, after reasonable and appropriate notice, to pay for a stay at St. Martin's.

I have read and fully understand the above and I warrant the statements and answers given by me in this application to be full and complete. I also certify that I have truthfully answered all questions. I also understand that a one-hundred dollar (\$100.00) non-refundable application fee must accompany this application.

Applicant's Signature_____
Date