



ST. BARNABAS COMMUNITIES

Meridian Road • Gibsonia, Pennsylvania
15044 (724) 443-0700, ext. 247

APPLICATION FOR RESIDENCY

DATE _____

I (We) hereby make application for admission to The St. Barnabas Communities.
_____The Village _____The Woodlands _____The Washington Place

Applicant(s)

1st Person (Mr.) (Mrs.) (Miss) _____
Address (house _____ apt. _____) _____

Phone (_____) _____
Years resided at this address _____
Social Security Number _____
Date of Birth _____

2nd Person (Mr.) (Mrs.) (Miss) _____
Address (if other than above) (house _____ apt. _____) _____

Phone (_____) _____
Years resided at this address _____
Social Security Number _____
Date of Birth _____

Please indicate: Plan Choice: _____

The Village
Apt. desired: _____
Circle One: (one) (two) (three) bedroom home
 (eastern) (western) exposure

The Woodlands
Unit desired: _____
(Royal Oak)
(Douglas Fir)

The Washington Place
Apt. desired: _____
(studio)
(one) (two) bedroom

HEALTH INFORMATION

1. Please give a brief description of present health condition
(listing chronic health problems, if any):
1st Person _____

2nd Person _____

8. Have you assigned power of attorney to anyone? _____
With whom? _____
Address _____ Phone (_____) _____

9. Have you made funeral arrangements? _____
With whom? _____
Address _____ Phone (_____) _____

10. Please indicate the following activities and services you plan to utilize within The St. Barnabas Communities:

- | | |
|--------------------------|--------------------------------------|
| Art Studio _____ | Parties in the Pub _____ |
| Auxiliary _____ | Garden Club _____ |
| Bank _____ | Gourmet Club _____ |
| Beauty/Barber Shop _____ | Health Club _____ |
| Billiards Room _____ | Kean Theatre _____ |
| Book Review Club _____ | Library _____ |
| Card Room _____ | Men's Club _____ |
| Carport _____ | Motel Rooms _____ |
| Chapel _____ | Shuttle Bus _____ |
| College Classes _____ | Volunteer Work _____ |
| Country Store _____ | Williamsburg Room (Party Room) _____ |
| | Women's Association _____ |

11. **PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY:**

a. _____
Name Relationship
_____ (_____) _____
Address Telephone

b. _____
Name Relationship
_____ (_____) _____
Address Telephone

c. _____
Name Relationship
_____ (_____) _____
Address Telephone

12. Please briefly explain **why** you wish to come to The St. Barnabas Communities:

