Individual Acknowledgment

State of Florida)
County of Hillsborough)SS

On this _____ day of _____ , 20 _____ , before me a Notary Public, the undersigned officer, personally appeared _____ _____ , known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged and that he/she executed the same for the purposes therein contained.

In Witness whereof, I hereunto set my hand and official seal.

_____
Notary Public

4100 East Fletcher Avenue • Tampa, FL 33613 • **813-977-6361** • www.ConcordiaTampa.org

Founded more than 135 years ago, Concordia Lutheran Ministries is a faith-based, CARF-accredited Aging Services Network and recipient of the inaugural Pennsylvania Department of Aging Excellence in Quality Care Award. As one the 25 largest nonprofit senior care providers in the country, the organization serves over 40,000 people annually through home care and inpatient locations in western PA, eastern OH and Florida. Concordia offers a lifetime continuum of care that includes adult day services, home care, hospice, medical and rehabilitation services, memory support, personal care, assisted living, respite care, retirement living, skilled nursing/short-term rehab, spiritual care and medical equipment.

Concordia Village of Tampa

Application Date: Date Approved: Occupancy Date:

☐ 1 Bedroom ☐ 2 Bedroom ☐ Lg 2 Bedroom Entrance Fee

.5M.12.18

CONCORDIA VILLAGE OF TAMPA
RETIREMENT LIVING

Pre-Admission Application

Information will be held confidential. Please complete all information.

Name of Applicant _____ Cell (____) _____
Email Address _____ Phone (____)_____
Address _____ City _____ State _____ Zip _____
County _____
Date of Birth _____ Age _____ Birthplace _____
Marital Status (circle one): Single Widowed Married Divorced Remarried
Social Security No. _____ Medicare No. _____
U.S. Citizen? _____ Immigration date _____ Naturalization date _____
Health Insurance Provider _____ Group _____ ID No. _____
Long Term Care Provider _____ Group _____ ID No. _____
Are you a veteran? _____ Spouse? _____ Branch? _____ Discharge date _____
Do you have a valid driver's license? _____ Vehicle: make/model/yr. _____
Vehicle #2: make/model/yr. _____ Wedding Anniversary Date _____
Name of Spouse _____ If deceased, date _____
Spouse: Date of Birth _____ Age _____ Birthplace _____
Spouse: Social Security No. _____ Medicare No. _____

Please list two individuals who are able to serve as Emergency Contacts for you:

Name _____
Address _____
City _____ State ___ Zip _____
Home Phone (___)_____
Work Phone (___)_____
Cell Phone (___)_____
Email Address _____
Relationship to Applicant _____
Name of Spouse _____

Name _____
Address _____
City _____ State ___ Zip _____
Home Phone (___)_____
Work Phone (___)_____
Cell Phone (___)_____
Email Address _____
Relationship to Applicant _____
Name of Spouse _____

Send bills/statements to: _____

Concordia Village of Tampa

Children (not listed as emergency contacts)

Name _____ Spouse _____
Address _____ City _____ State _____ Zip _____
Home Phone (____)_____ Work Phone (____)_____

Name _____ Spouse _____
Address _____ City _____ State _____ Zip _____
Home Phone (____)_____ Work Phone (____)_____
(If additional space is needed to list other children, please use an attachment)

Primary Physician _____ Phone No. (____) _____
Address _____ City _____ State _____ Zip _____
Hospital of choice for medical care _____

Spouse's Primary Physician _____ Phone No. (____) _____
Address _____ City _____ State _____ Zip _____
Hospital of choice for medical care _____

Clergy _____ Phone No. (____) _____
Place of worship _____ Phone No. (____) _____
Address _____ City _____ State _____ Zip _____

Pharmacy _____ Phone No. (____) _____

Funeral Home _____ Phone No. (____) _____
Address _____ City _____ State _____ Zip _____
Do you have a Pre-Paid Funeral arrangement? ____ YES ____ NO Pending

Do you have a Living Will? ____ YES ____ NO A Power of Attorney? ____ YES ____ NO

_____ _____
Name of P.O.A. for Health Care/relationship Name of P.O.A. for Financial/relationship

Formal education completed _____ Other _____
Primary lifetime occupation _____ Age at retirement _____
Area where raised _____ Area where resided as adult _____
Activities and Hobbies _____
Religious or Community involvement _____
Group memberships _____
Pets _____
Smoker _____ Yes _____ No

For our records, please attach a photograph of yourself. Also provide copies of your Living Will, Power of Attorney and Medical cards.

Financial Disclosure

Name of Applicant _____

	Monthly Amount
Social Security	$ _____
Supplemental Social Security	$ _____
Pension	$ _____
Veteran's benefits	$ _____
Interest (list source)	$ _____
Mortgage/Rental income	$ _____
IRA or 401K/403B income	$ _____
Trust income	$ _____
Other income (list source)	$ _____
Total monthly income	$ _____

Assets	Value	Names on Account	Location
Checking Account	$ _____	_____	_____
Savings Account	$ _____	_____	_____
CDs	$ _____	_____	_____
Money Market Funds	$ _____	_____	_____
Stocks	$ _____	_____	_____
Bonds	$ _____	_____	_____
Annuities (IRA, 401K/403B etc.)	$ _____	_____	_____
Property	$ _____	_____	_____
Other assets	$ _____	_____	_____
House (market value)	$ _____	_____	_____
Life Insurance (cash value)	$ _____	_____	_____
Money owed to applicant	$ _____	By whom _____	

Liabilities	Amount	To whom
Debts owed by applicant:	$ _____	_____
	$ _____	_____
Property, cash or income ceded:	$ _____	_____
(within the past 5 years)	$ _____	_____

The undersigned does declare each of the foregoing statements to be true, that all assets have been disclosed, and that no material assets have been divested in the past 60 months. I understand the information submitted in this application constitutes consideration for residence and shall become a part of any subsequent agreement between the applicant and the facility. This form does not in itself create a contractual obligation between the applicant and Concordia. **The submission of any false information or the failure to disclose any material information in this application could result in the termination of your residency agreement and your discharge from the facility at the discretion of Concordia.**

_____ _____ _____ _____
Applicant Date Witness Date