

# 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 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Name of Spouse \_\_\_\_\_

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

# 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 of 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.



Application Date:

Date Approved:

Occupancy Date:

1 Bedroom

2 Bedroom

Lg 2 Bedroom

Entrance Fee