



# Faith Friendship Villa Resident Application

Full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Social Security # : \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Reason for Leaving Current Address: \_\_\_\_\_

How Long at Current Address? \_\_\_\_\_ Date you need to move by: \_\_\_\_\_

Where did you live before current address? \_\_\_\_\_

How Long at Previous Address? \_\_\_\_\_ Reason for Leaving? \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Education: \_\_\_\_\_ Military History: \_\_\_\_\_

Work History: \_\_\_\_\_

(Note: Criminal record, or history of violence/inappropriateness, does not automatically exclude consideration for residency.)  
Any history of violence, sexual inappropriateness, or criminal activity? If yes, please explain (use back if needed): \_\_\_\_\_  
\_\_\_\_\_

Are you willing to take meds as prescribed by Dr? \_\_\_\_\_

Have you ever lived in Personal Care before? \_\_\_\_\_ If Yes, please provide Name of home(s), and how long you were there: \_\_\_\_\_

Casemanager: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dayprograms: \_\_\_\_\_ Days per week: \_\_\_\_\_

Does anyone have Power Of Attorney for your Health care needs? (If so, please provide name & phone #)  
\_\_\_\_\_

**Insurance:**

Medicare: \_\_\_\_\_ Part A:     /     /     Part B:     /     /    

Medical Assistance: \_\_\_\_\_ ID # \_\_\_\_\_ Issue # \_\_\_\_\_

Other Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

PACE: \_\_\_\_\_ Medicare D Plan \_\_\_\_\_

**Physicians:**

	<b>Name</b>	<b>Phone #</b>
Primary Physician:	_____	_____

Dentist:	_____	_____
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Ophthalmologist:	_____	_____
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Podiatrist:	_____	_____
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Psychiatrist:	_____	_____
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Specialist:	_____	_____
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Type of Specialty: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Current Pharmacy \_\_\_\_\_

Allergies: \_\_\_\_\_

Would you like to switch to the physician who comes to the home? (if you have Medicare) \_\_\_\_\_

Adaptive equipment (walker, cane, oxygen, etc.) \_\_\_\_\_

Are you able to walk up stairs? \_\_\_\_\_ Able to vacate building independently? \_\_\_\_\_

How much assistance is needed with bathing and personal hygiene? \_\_\_\_\_

\_\_\_\_\_

Funeral Director: \_\_\_\_\_ Arrangements Paid (y/n)? \_\_\_\_\_

Cemetery Lot \_\_\_\_\_ Advance Directives? (attach copy) \_\_\_\_\_

## Medication List

Medication Name	Dosage	Frequency	Reason	Prescribed By
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dates and location of recent hospitalizations:

\_\_\_\_\_

Reason(s): \_\_\_\_\_

\_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Specific Psychiatric Diagnosis: \_\_\_\_\_

Do you have any communicable diseases (TB, Hepatitis, etc.)? \_\_\_\_\_

Indicate with an "X" each condition that is currently experienced by the applicant. Indicate with an "O" any condition that has been experienced in the past, but not presently. Additional details (frequency, intensity, limitations, whether a past or present condition, etc) may be written in the space below. Attach additional pages if more space is needed.

Health Profile		Emotional & Behavioral Functioning	
Alcohol Use		Mental Illness	Anxiety, phobias, panic attacks, excessive fear
Alzheimer's		Mental Retardation	Obsessive-compulsive disorders
Anemia		Multiple Sclerosis	Mood swings
Arthritis or Rheumatism		Muscular Dystrophy	Hallucination, hearing voices
Asthma		Naso-gastric feeding	Thought disorders, paranoid, suspicious, delusional
Blood Disorders		Ostomy (any)	Memory loss, confusion, disorientation
Blood Pressure Monitoring		Parkinson's Disease	Overanxious, worries a lot, unable to handle stress
Cancer		Polio	Dependent or needy
Catheter (any)		Respiratory Disease	Suicidal threats or behaviors
Cerebral Palsy		Rheumatic Fever	Self harming behaviors
Decubitus Ulcers		Skin Problems	Argumentative or resists supervision
Dementia(Non Alzheimer)		Stroke	Aggression or violence
Diabetes		Tobacco Use	Destruction of property, history of setting fires
Drug Use (Pot/Street Drugs)		Tracheotomy	Inappropriate sexual behavior or touching
Emphysema		Tuberculosis	Borderline Personality diagnosis
Epilepsy (seizures)		Urinary Tract Disease	Fatigue, low energy level
Fainting Spells		Venereal Disease	Preoccupation with physical health
Gall Bladder Disease		Weight Loss-significant	Eating disorder, loss or increase of appetite
Gastrointestinal Disorders		Weight Gain-significant	Sleep disturbances, difficulty falling asleep, staying
Gastrointestinal Feeding			Increased body movements, pacing, tremors, twitches
Hay Fever		Losses & Impairments	
Headaches		Speech Impairments	Slow or slurred speech, low or monotonous tone of
Heart Trouble		Paralysis	Low self-esteem, poor motivation, loss of initiative
Hepatitis		Visual Impairments	Trouble concentrating, organizing, making decisions
High Blood Pressure		Amputated Limbs	Chain smoker, unsafe smoker
Infectious Disease		Hearing Loss	Unable to read/write
Incontinence- Bladder		Poor Balance	Poor social skills and interactions
Incontinence- Bowel			Poor personal hygiene
IV Feeding/Meds		Other (specify below)	Hoarding
Kidney Disease			Excessive fluid intake
Liver Disease			

Additional Information:

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Signature of person completing this assessment

Date

**RESIDENT/APPLICANT FINANCIAL STATEMENT For \_\_\_\_\_**

This application is a (check one) ...  Individual  Joint (with \_\_\_\_\_)

**SOURCES OF INCOME** (Monthly)  
 Social Security \$ \_\_\_\_\_  
 Pensions & Annuities \$ \_\_\_\_\_  
 Employment \$ \_\_\_\_\_  
 Dividends/Interest/Other \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_

**Property/Asset Questions**  
 Have you disposed of any property, real or personal, within the last three years? \_\_\_\_\_  
 To whom \_\_\_\_\_  
 Any Life Insurance or Burial Fund?  
 If Yes, Please Explain: \_\_\_\_\_  
 \_\_\_\_\_

ASSETS		LIABILITIES	
Savings and Checking Accts	\$	Notes Payable	\$
Real Estate Owned – Total Estimated Value	\$	Mortgages	\$
Total Value of Investments (CD’s, Stocks, Mutual Funds, Trust Accounts) List on back	\$	Vehicle Loan	\$
Cash	\$	Credit Card Bills	\$
Vehicle Value		Medical Bills	
Other Assets (List on back)	\$	Total of Other Debts (List on Back)	\$
<b>TOTAL</b>	\$	<b>TOTAL</b>	\$

Do you Have a Rep Payee for Social Security Benefits? (If yes, please provide name & phone#): \_\_\_\_\_  
 \_\_\_\_\_

Does Anyone Have Power of Attorney for Your Financial Affairs? (If yes, please provide name & phone #):  
 \_\_\_\_\_

In many cases, the amount we charge is less than the actual cost of our services. Is there anyone (family member, friend, church or other group) who may be willing to pay a small amount towards your care each month? (If yes, please provide name & phone #):  
 \_\_\_\_\_

**References (may not be family members):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ How Long Known? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ How Long Known? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ How Long Known? \_\_\_\_\_

**Additional Information or Concerns we should be aware of regarding your needs, or your ability to live in community with others?:**

\*I/we verify that all information given above is correct and accurate to the best of my knowledge, and that I have read and understand the house rules. I authorize verification of information provided and communication with any and all persons for the purpose of investigating my suitability for residency, I understand this authorization also provides permission to perform a criminal background check at any time during application, or subsequent residency. I understand that this is an application only, and does not constitute or guarantee an agreement for residency. It is also understood that any willful misrepresentation or omission of information requested in this application may be grounds for voiding any subsequent agreement for residency.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date

Name of Person Completing Form: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Signature of Person Completing Form (if different than applicant) Date

Admissions, the provision of services, and referrals of clients are made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex. Program services are made accessible to eligible persons with disabilities through the most practical and economically feasible methods available.

## **Faith Friendship Villa of Mountville House Rules**

Those living at Faith Friendship Villa consider it to be their home, and are in practice family. Like any family, there is a need for order and respect for others, so that the Quality of Life for all is preserved. Therefore, the RESIDENT agrees to comply with the following rules:

### **1. Cooperation With Staff Care & Home Operation Efforts:**

- Medications are to be kept and dispensed by staff, unless authorized otherwise in writing by the resident's physician. Residents authorized to keep their own medicines must keep them in a locked storage area, and consistently conduct self-administration in a way that does not create a hazard.
- Residents must cooperate with their medical professionals/other therapy providers- especially in regards to taking medications- and the provisions of their Support Plan. Even one event of "cheeking" meds, or of medication refusal when there is no reason to believe there is an error, may result in loss of residency if the resident's history/condition demonstrates a risk to others when not properly medicated.
- No one may act in a way that significantly hinders staff in effectively meeting their care needs, or impacts staff's ability to meet the needs of others. This includes monopolizing staff time, distracting staff attention, being disruptive or willfully wasting staff time or home resources.
- Residents of the Home are not permitted to touch staff inappropriately, nor are they permitted to touch them in an unwelcomed attempt to be affectionate, even if done so appropriately.

**2. Lights Out & Home Security:** Outside doors are locked from 11:00 PM to 5:30 AM. No one is to be outside during these hours unless previous arrangements are made. From 12:00 AM to 5:00 AM, lights are to be out, and noise kept to a minimum. The Rec Room is also closed during this time.

**3. Sign-out procedures and overnight absence Notification:** Residents must sign-out/in using the Sign-out log. Absences over medication times require notification of staff to ensure trip meds are accommodated. Those leaving for longer than one night should provide at least 24 hour notice to enable time to verify a supply of medication. Longer absences may require a few day notice.

**4. Visitors:** Visitors are permitted from 9:00 am to 9:00 pm, unless specified otherwise. Visitors are expected to follow all house rules for behavior, conduct and overall decency.

### **5. Use of House Telephone:**

- Resident lines (5&6) may be used for local calls. Long distance calls must be on a calling card, or have charges reversed. No special services that incur a charge (such as Directory Assistance, Long Distance Access Codes, etc) can be made. Residents will be charged for calls made in violation.
- Phone calls that require absolute privacy (out of sight and hearing of those nearby) can be accommodated by cordless phone, or by arranging access to 1<sup>st</sup> Floor Staff Office.
- There is no specific time limit for calls, but residents are to respect the need of others to use House phones, and may be asked to arrange a private line to their room if their phone usage is excessive.

-Phone conversations in common areas- both on house phones and personal phones- must not be offensive, or otherwise disruptive, to the well-being of those nearby.

### **6. Use of House Televisions:**

- Common area televisions are intended primarily for the enjoyment of all, and thus may not be monopolized or auto-programmed by any individual, or group. Those wishing to monopolize a TV are encouraged to establish TV service to their own bedroom area.

- Movies rated “R” and above are not permitted to be viewed on common area TV’s. To ensure that viewing material is appropriate, and that the interests of all residents are considered, staff have the authority to determine what program will be viewed on common TV’s at a given time.

### **7. Fire Prevention, Smoking & Tobacco Use:**

- Sounding of Fire Bells requires immediate evacuation from the home, and going to either the Back Gazebo Area or Front Sidewalk. No one is to leave the assembly areas without staff permission.
- Smoking Policy: Smoking (including electronic cigarettes) is to be in designated outdoor areas only, away from actively used entrances and windows. No cushions, papers, or other objects that can catch fire can be in the smoking areas. Butts are not to be flicked on the property or street, and are only to be put in Home provided containers.
- Chewing Tobacco and other smokeless tobacco products are only to be used outside in smoking areas.
- All lighters must be self-extinguishing. No “Zippo” type lighters or matches permitted. Butane, nail polish remover, or any other combustible liquids must be stored in staff offices.
- No candles or open flames of any type are permitted. No heating pads, electric blankets, space heaters other heating units/appliances (including coffee makers), or flammable materials are to be used in the buildings without inspection and approval by the management of the HOME.
- Due to the potential for fire/false alarms, microwavable popcorn can only be made in the Dining Room, after receiving staff permission, and the resident must stay and watch until it is done.

### **8. Dining Area and Kitchen:**

- Meals: Meal Times are as follows: Breakfast 7:00-7:30 am, Lunch 11:30-12:00, Dinner 4:30-5:00 pm, unless otherwise posted at the Dining Room. Residents arriving after the end of the serving time will have significantly limited meal/food selection.
- Due to space limitations, no coats, jackets, backpacks or other items that could potentially obstruct safe access are permitted during the main meal times. Pocketbooks must be kept under the table or chair.
- Residents are not to be in the Kitchen or Food Storage Areas unless permitted by staff.
- To maintain the order and operation of the HOME, the Dining room may be closed at specific times. Access to the Dining Room is to occur in accordance with the hours posted at the entrance.
  - The refrigerator/freezer in the Dining Room that is for resident use. Food must be marked with resident name&date. Food that is unmarked, or left for more than one week, may be discarded.
  - Residents of the Home may not establish a practice of selling food, drink, or cigarettes/cigars/tobacco to other residents.

### **9. Respect for the Rights and Well-Being of Others:**

- No Screaming, name calling, use of offensive, abusive, insulting, threatening/harassing talk or the making of false accusations against others. No fighting, intimidation, harassing borrowing, theft, drunken/disorderly or hostile behavior.
- Residents must be properly clothed around others, such that breasts, chests, buttocks and/or pubic areas are not exposed. Shoes/slippers must be worn in common area, and bedclothes are not to be habitually worn in common areas of the Home between the hours of 9am and 5pm, unless the resident is ill.

- No one is to be in someone else's room without permission, and inappropriate touching and/or exposure will not be tolerated.
- Noise is to be kept at a reasonable volume to not disturb other residents. Personal radios may be used in common sitting areas only with headsets or in a way that does not disturb others. However, radios, tape players and other noise making devices are not permitted on the front porch.
- Regulations require room temperatures to be a minimum of 70 degrees. Air conditioners or open windows may not be used to keep Bedroom temperature lower. In the Winter, radiators may not be opened to make the room warmer than 75 degrees without management permission.
- Any audio, video, or print displaying pornography, extreme acts of violence/sexuality, vulgarity, obscenities or other offensive material as determined by management is not permitted in common areas of the home, even if it is a PG-13 movie. Potentially offensive media/entertainment choices within the privacy of one's own bedroom must be experienced in such a way as to not cause distress to roommates.
- Personal hygiene, bathing, and change of clothing is to be maintained such that body odors are not noticeable to others. Residents who choose to launder their own clothing must do so weekly, otherwise staff may intervene to ensure sanitary conditions.
- Habitual sleeping in areas other than the bedroom- regardless of time of day- is not permitted.
- Illegal Drug use, selling, or possession, or any other illegal activity is not permitted.
- When out in the community, residents are to conduct themselves appropriately and respectfully, to preserve the reputation of the Home and those who live here. In addition, any behavior/activities that could carry over into the Home, and threaten the well-being of others, is not permitted.
- Although Faith Friendship Villa is a Christian Ministry, whose mission is to provide a Christian atmosphere, residents are not required to participate in specific religious activities, and they are also not allowed to harass or ridicule anyone for their religious beliefs, or lack/difference of beliefs.

**10. Respect for Ministry Property:**

- All areas of the property, are to be kept clean and orderly. Beverages must be in cans, bottles, or cups with lids. Food is not permitted in Common indoor areas other than Rec Room & Dining Room.
- Spitting, whether due to tobacco use or other reasons, is to be done into containers held by the individual, or sinks, and not onto ministry property, trash cans or butt cans. Any spitting must be done in a way that is considerate of those nearby.
- Willful destruction, neglect, misuse, or any other action that could damage the property of the ministry or any of its staff, residents, or visitors is not permitted. This may also include recurring episodes of soiling the Home due to disregard for proper hygiene & bodily functions.
- Bedrooms are to be maintained according to the "Room Requirements" posted in each bedroom.
- Bedroom fans provided by the Home may not be operated in a way that creates a hazard, nor in a way that limits cooling to only one person/one side of the room..
- Furniture must be inspected & approved by management before being brought into the Home, and as necessary over time, to ensure State regulations and general safety is maintained. Management also reserves the right to limit the number or amount of furnishings (such as lamps) that exceed what is reasonable and customary.

- While away from the Home, no one may knowingly stay in any place infested with fleas, lice, roaches, bedbugs, or other pests that can be brought back to the Home, and must cooperate with home pest prevention precautions upon their return, even if pests were not known to be present where they stayed.
- Powdered sugared drink mixes are not permitted anywhere in the Home. Drinks that are red in color, are permitted if purchased pre-made, and drank only in the Dining Room or Rec Room.
- Individuals wishing to roll their own cigarettes are permitted to do so only in the recreation room, and must clean-up after themselves.

### **11. Finances and Belongings**

- Resident funds held by the Home will be disbursed within 24 hours of the request in accordance with the Banking Hours schedule posted at the Office. Other accommodations may be requested, but are not guaranteed. Choice of currency denominations, coin change, or the cashing of personal checks, is also not guaranteed.
- Residents are responsible for their own belongings/money, unless staff help has been requested. Assistance with storage of valuables will be provided upon request, however the resident is responsible to declare the identity and value of items entrusted to the Home's storage. Home assumes no liability for possessions or money the resident chooses to keep unsecured/undeclared.
- Belongings may be acquired and stored only to the extent that they do not infringe upon the personal space of others, present a hazard, or accumulate beyond reason. Storage of belongings outside the bedroom will be limited to 2- 18 Gallon Tubs (purchased by Resident).
- Firearms and other weapons are not permitted. Small "pocket" knives, hand tools, or other items that could easily be used in the manner of a weapon are allowed with permission of management.
- Residents are not permitted to have pets, unless approved in writing by management.
- Residents are not permitted to give gifts of any kind to Staff.

**12. Resident Vehicles:** For a resident to be permitted to have a vehicle on the property, it must be parked in areas designated by the Home, and the following must occur:

- The Resident must have an active license to drive, demonstrate safe conduct while driving on the property, and follow all recommendations/conditions from physicians regarding their driving.
- The resident must not allow any unlicensed drivers, or anyone acting unsafely, to operate the vehicle.
- The vehicle must be drivable, and have proof of valid inspection, registration, and insurance.
- The vehicle must only be used for transportation, not as a general storage unit, sound theater, or for holding any materials considered by Home management to be hazardous.
- Residents park their vehicles on the property at their own risk. Faith Friendship Ministries is not responsible in the event of damage, loss or personal injury.

**13. Home Business Hours:** Although the Home operates 24/7, matters of general administrative business are to occur Monday-Friday, between 9 am and 5 pm. Requests for other arrangements need to be made in advance with Home management.



Faith Friendship Villa of Mountville 128 W Main St PO Box 567  
Mountville, PA 17554 717-285-5596 Fax: 717-285-5477

**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_ Soc Security #: \_\_\_\_\_

I request and authorize \_\_\_\_\_

To release healthcare information of the patient named above to:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All healthcare information

Other: \_\_\_\_\_

Yes  No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.