



(Lic. #300606831 COA 143)
23442 El Toro Road, Lake Forest, CA 92630
(949) 472-4700 | (800) 584-8084

APPLICATION FOR ADMISSION TO FREEDOM VILLAGE
A Continuing Care Retirement Community

Please answer all questions as accurately as possible and return within 30 days of receipt. The information on this application will be held in strict confidence by the management of Freedom Village. **A physician's report is required and will be sent directly to your physician.**

I. GENERAL INFORMATION

Full Name: _____ Phone: () _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Medicare #: _____

Date of Birth: _____ Place of Birth: (city, state) _____

Driver's License # _____ Expiration date _____ Car License Plate # _____

Current Marital Status: Married _____ Widowed _____ Single _____ Divorced _____

Are you a U.S. Citizen? Yes _____ No _____ Are you a U.S. Veteran? Yes _____ No _____

SPOUSE INFORMATION (If applying as a couple)

Spouse Name: _____

Social Security #: _____ Medicare #: _____

Date of Birth: _____ Place of Birth: (city, state) _____

Driver's License # _____ Expiration date _____ Car License Plate # _____

Are you a U.S. Citizen? Yes _____ No _____ Are you a U.S. Veteran? Yes _____ No _____

Please list the complete names and addresses of your children and/or next of kin.

Name: _____ Relationship _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email _____

Name: _____ Relationship _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email _____

Name: _____ Relationship _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email _____

In the event of serious accident or illness, whom should we contact? _____

II. PERSONAL HISTORY

| | SELF | SPOUSE |
|--|-------|--------|
| What was your profession, trade or occupation? | _____ | _____ |
| Hobbies? | _____ | _____ |
| What States have you lived in? | _____ | _____ |
| Why do you wish to become a resident of Freedom Village? | _____ | |
| | _____ | |
| | _____ | |

III. HEALTH HISTORY

| | SELF | SPOUSE |
|--|-------------|-------------|
| Personal Physician: | _____ | _____ |
| Phone: | (____)_____ | (____)_____ |
| Address: | _____ | _____ |
| How long have you been under the care of this physician? | _____ | _____ |
| What is the date of your last examination by this physician? | _____ | _____ |
| Primary Specialist (if any): | _____ | _____ |
| Phone: | (____)_____ | (____)_____ |
| Address: | _____ | _____ |
| How long have you been under the care of this physician? | _____ | _____ |
| Dentist: | _____ | _____ |
| Phone: | (____)_____ | (____)_____ |
| Address: | _____ | _____ |

| Are you able to do the following? | SELF | SPOUSE |
|---|-------|--------|
| Care for your normal needs, i.e., dressing, bathing, etc. | _____ | _____ |

| Are you currently being treated for any of the following? | SELF | SPOUSE |
|--|-------|--------|
| Heart Disease | _____ | _____ |
| Cancer | _____ | _____ |
| Diabetes | _____ | _____ |
| High Blood Pressure | _____ | _____ |
| Parkinson's Disease | _____ | _____ |
| Alzheimer's Disease | _____ | _____ |
| Other Chronic Illness | _____ | _____ |

Have you signed a Durable Power of Attorney for Healthcare? Self _____ Spouse _____
Have you signed any Instructions to Physicians? Self _____ Spouse _____

If yes, a copy of each should be attached or submitted upon move-in so we may assist in facilitating your wishes.

Name of Durable Power of Attorney for Health Care (Self): _____
 Address: _____
 Home Phone: (____) _____ Work Phone: (____) _____
 Cell Phone (____) _____ Email _____

Name of Durable Power of Attorney for Health Care (Spouse): _____

Address: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone (____) _____ Email _____

IV. FINAL PLANS

Clergy to be notified: _____ Phone: (____) _____
Mortuary to be notified: _____ Phone: (____) _____

Do you have burial insurance? Self _____ Spouse _____
Self--Cemetery: _____ Section: _____ Lot: _____
Spouse--Cemetery: _____ Section: _____ Lot: _____

V. HEALTH INSURANCE

As stated in Section 7 of Freedom Village Residence Agreement, I understand that I must maintain my Medicare Parts A and B coverage and a Medicare supplement or HMO policy.

| | SELF | SPOUSE |
|-------------------------|-------|--------|
| Medicare Policy # | _____ | _____ |
| Medicare Policy # | _____ | _____ |
| HMO/Supplement Company | _____ | _____ |
| HMO/Supplement Policy # | _____ | _____ |

VI. CONFIDENTIAL FINANCIAL STATEMENT

The disclosure of your financial resources is a requirement for admission to Freedom Village. Any information provided here is strictly confidential. Please complete the information carefully and accurately. If you and your spouse's finances are separate, please complete two financial statements.

LEGAL RESPONSIBILITY

Do you have a living trust? Yes _____ No _____ If yes, please indicate:

Name of trust: _____
Date of trust: _____
Primary Trustee(s): _____

If your Deposit at Freedom Village is to be held in the name of your trust, a copy of the trust document must be provided prior to move-in. If there is no trust, please provide a copy of your will, naming your Executor.

Successor Trustee Name: _____
Address: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone (____) _____ Email _____

Or, do you have a Will?

Name of Executor _____
Address: _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone (____) _____ Email _____

Name of Legal Power of Attorney (Self) _____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone (____) _____ Email _____

Name of Legal Power of Attorney (Spouse) _____

Home Phone: (____) _____ Work Phone: (____) _____
 Cell Phone (____) _____ email _____

Does someone else handle the payment of your bills? Yes _____ No _____ If yes, please provide:
 Name: _____ Phone: (____) _____

Do you have an attorney?: Yes _____ No _____ If yes, please provide:
 Name: _____ Phone: (____) _____

LIFE INSURANCE

List all policies for which you are the insured and /or the beneficiary:

| INSURED | INSURANCE COMPANY | AMOUNT | BENEFICIARY |
|---------|-------------------|----------|-------------|
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |

ASSETS

When you move into Freedom Village, you will be signing a contract called a Residence Agreement. In the event that your assets are exhausted, it may become necessary for the management of Freedom Village to assume financial responsibility for your care. In that event, or at any time prior, we reserve the right to investigate and verify your assets.

Bank Deposits

| | Value |
|-----------------------------|----------|
| Checking (Bank Name): _____ | \$ _____ |
| Savings (Bank Name): _____ | \$ _____ |
| CD Bank Name): _____ | \$ _____ |
| CD Bank Name): _____ | \$ _____ |
| CD Bank Name): _____ | \$ _____ |
| CD Bank Name): _____ | \$ _____ |

Stocks and Bonds-Current Value

| | |
|------------------------------------|----------|
| Brokerage Firm: _____ Acct # _____ | \$ _____ |
| Brokerage Firm: _____ Acct # _____ | \$ _____ |
| Brokerage Firm: _____ Acct # _____ | \$ _____ |

Please attach recent statement.

Real Estate-Estimated Value

| | |
|--------------------|----------|
| Description: _____ | \$ _____ |
| Description: _____ | \$ _____ |

Trust Deeds and/or Notes Receivable-Outstanding Balance

| | |
|--------------------|----------|
| Description: _____ | \$ _____ |
| Description: _____ | \$ _____ |

Other Assets

| | |
|--------------------|----------|
| Description: _____ | \$ _____ |
| Description: _____ | \$ _____ |

TOTAL ASSETS \$ _____

LIABILITIES

Please identify any debts you owe and/or any responsibilities you have accepted which will require the payment of funds to an individual or institution. This includes but is not limited to a mortgage against your home, personal loans against you, the commitment to send someone to college, or other donations, which you plan to make.

Description: _____ \$ _____
 Description: _____ \$ _____
 Description: _____ \$ _____
 Description: _____ \$ _____

TOTAL LIABILITIES \$ _____

INCOME

List all your income, including any interest or investment income that is reinvested automatically. Please provide a copy of your prior year’s tax return.

| Source | Monthly Amount |
|-------------------------------------|----------------|
| Social Security..... | \$ _____ |
| Social Security. - Spouse..... | \$ _____ |
| Pension-Self Provider Name: _____ | \$ _____ |
| Pension-Spouse Provider Name: _____ | \$ _____ |
| Annuities..... | \$ _____ |
| Interest Income..... | \$ _____ |
| Dividend Income..... | \$ _____ |
| Other Income Describe _____ | \$ _____ |
| Other Income Describe _____ | \$ _____ |

TOTAL MONTHLY INCOME \$ _____

VII. ACKNOWLEDGMENTS

- A. I have read the Freedom Village of California Residence Agreement (Residence Agreement) and understand its provisions. I understand that the Residence Agreement supersedes any and all rights explicit or implied by this Application for Admission. I acknowledge that I will be signing a Residence Agreement upon admission.
- B. Monthly Service Fee Changes: I understand that, regardless of my reservation or move-in date, my monthly service fee is subject to change annually, effective April 1. The provisions for increases are identified in the Residence Agreement.
- C. Responsibility for Health Care Expenses: The Residence Agreement provides specific benefits for room and board charges for Assisted Living or Skilled Nursing care in the Freedom Village HealthCare Center. Details of the benefits are provided in Section 5 of the Residence Agreement. I further understand that in the event all other assets are consumed, if there is a refundable portion of my loan deposit with The Village Master Trust, it will be used to cover unpaid room charges and ancillary fees.
- D. Responsibility to Maintain Personal Assets: I understand that the Residence Agreement limits me from gifting or giving away my assets. It also prohibits me from disposing of my assets for less than their fair market value. Doing so would violate the terms of the Residence Agreement and would be cause for Freedom Village to terminate my Residence Agreement.
- E. I have reviewed the Addendum to Freedom Village of California Residence Agreement that identifies the monthly service increases at Freedom Village for the last five years.

I have completed this application for Freedom Village of my own free will and accord. It is my intent and purpose to make Freedom Village my permanent home and the State of California my legal residence. I declare the foregoing answers and statements of health and financial disclosures are true and complete.

Signature: _____ Date: _____

Signature: _____ Date: _____

Reviewed and approved by:

Signature: _____ Date: _____
Freedom Village Authorized Representative

Note: A copy of Freedom Village's latest financial statement is available for review upon request.