

APPLICATION FOR INDEPENDENT LIVING

Friends House offers community living for independent, active persons aged 62 and over (for couples at least one must be age 62 or over) who are in good physical and mental health. Residents are expected to be able to live independently and to attend to their own personal needs at the time of entry. Admission to Independent Living is open to all applicants regardless of race, color, religious affiliation or national origin. We encourage you to come to Friends House for a personal visit with our Resident Director and evaluate our community.

A person or couple who wishes to be considered for residency at Friends House should first register for the Priority List by completing the Priority List Agreement and submitting it along with a \$1,000.00 fee. Of this amount, \$700.00 is a refundable deposit and \$300.00 is a non-refundable registration fee. This places the applicant(s) name on the Priority List to be considered for entry. Being on the Priority List does not guarantee admission, which is contingent upon completion and evaluation of all required documents. Names are placed in order of the date on which the Priority List Agreement and deposit are received. Applicants may remain on the List for seven (7) years, and are expected to keep Friends House informed of the earliest date they would be ready to move into our community.

Upon the applicant's request, Friends House will initiate the admission process. Friends House will send the applicant the following forms:

Application for Residence Form

Medical Record--Personal review of health history and medications as well as a medical report from your personal physician.

Financial Data Form--Disclosures of assets, income and expenses.

Upon the completion of the forms and application, Friends House will schedule an admission interview. Following the interview, the Admissions Committee of the Board of Trustees will review and act on the application for admission.

Amenities and Fees

Independent cottage and apartment living provides residents with well-designed private living space ranging in size from 540 sq. ft. to 1914 sq. ft. Residents in either the cottage or apartment pay a monthly service fee that is based on a number of factors including size.

Services included in the monthly service fee:

- ✓ Garage or parking space;
- ✓ General supervision and maintenance of buildings, grounds, and equipment;
- ✓ Insurance of building, grounds and equipment;
- ✓ Maintenance, repairs and/or replacement of furnished appliances;
- ✓ Trash removal;
- ✓ Snow removal and lawn maintenance;
- ✓ Water & sewer services;
- ✓ Administrative management and services;
- ✓ Property tax; and
- ✓ Use of all public rooms and common areas.

Additional services available to residents not included in the monthly fee:

- ✓ Housekeeping services;
- ✓ Meals, dining room meals or carry-out, including delivery of meals;
- ✓ Off-campus transportation services;
- ✓ Scheduled routine nursing services (i.e. blood pressure checks);
- ✓ Physical, speech and occupational therapy;
- ✓ Beauty shop services; and
- ✓ Maintenance and/or grounds services.

Friends House operates a dining room offering three meals per day served in the dining room. Residents may purchase a meal plan or may dine at their pleasure.

Social life is encouraged through diverse and well-planned programs developed and designed by the residents through committees and the Resident Association. Many programs are held in the Miller Center, an auditorium that is also available for rental purposes. The library is adjacent to comfortable lounge area next to the dining room. Craft areas are also provided for activities such as art, sewing, knitting, woodworking, etc.

Also available in the main building is a resident-operated Country Store that sells many essentials and smaller quantity items.

Friends House Retirement Community – Application for Residence

Name of Applicant _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (Home) _____ (Cell) _____

Email Address _____ Date of Birth _____

Marital Status: Married Single Divorced Widowed

Name of Spouse or Partner _____ Anniversary Date _____

Religious Affiliation _____ Church membership _____

Name of Long Term Care Insurance Company _____

Medicare Number _____

Medicare Supplemental Insurance Company _____

Social Security Number _____

Family Members: (in order of contact preference)

Name _____ Relationship _____

Address _____

_____ Primary Phone _____

Email _____ Secondary Phone _____

Name _____ Relationship _____

Address _____

_____ Primary Phone _____

Email _____ Secondary Phone _____

Name _____ Relationship _____

Address _____

_____ Primary Phone _____

Email _____ Secondary Phone _____

Responsible Party

Name_____ Relationship_____

Address_____

_____ Primary Phone_____

Email_____ Secondary Phone_____

Check all that apply: Durable Power of Attorney Health Care Representative

Do you have a living will? Yes No

Do you have a will? Yes No

Please complete this form and return it to:

Resident Director, 17340 Quaker Lane, Sandy Spring, MD 20860

Copies of Social Security Card, Medicare Card, Supplemental Insurance, Long Term Care Insurance, etc. will be requested.

7/2009