



COUNTY OF DELAWARE

Board of Institutional Management

FAIR ACRES GERIATRIC CENTER

340 North Middletown Road
Media, Pennsylvania 19063

PHONE (610) 891-5739

FAX (610) 891-5916

WILLIAM D'AMICO

ADMINISTRATOR

JAMES BONNER

MEDICAL DIRECTOR

COUNCIL
DR. MONICA TAYLOR
CHAIR
ELAINE PAUL SCHAEFER
VICE CHAIR
KEVIN M. MADDEN
CHRISTINE A. REUTHER
RICHARD R. WOMACK, JR.

Dear Family/Responsible Party,

Thank you for considering Fair Acres Geriatric Center. We have been providing quality care to the community for over 200 years. Selecting a Nursing Home is an important and difficult decision. The Admissions staff is available to assist you to facilitate and expedite the process. Enclosed are the materials and steps necessary for applying to Fair Acres Geriatric Center.

1. For Admissions to Fair Acres

- ❖ Complete the Application for Admission **Attachment A**, Pertinent Information **Attachment B**, and sign the Release of Records **Attachment C**. Please forward to Fair Acres, as soon as possible.
- ❖ After receiving the above attachments, the Admissions Caseworker will contact you to review the information and schedule an appointment for an interview.
- ❖ If possible, please photocopy all documents listed on **Attachment D**, to provide to the Admissions Caseworker at time of interview. **Please note that choosing to transmit personal Financial or Medical information via email is not secure and is done so at your own risk.**

2. For Medical Eligibility

- ❖ Have your **Physician complete** and **sign** the enclosed (MA-51) Medical Evaluation Form.
- ❖ Have **Applicant sign # 10** on the MA-51 Medical Evaluation Form. If applicant is unable to sign, responsible party must sign # 10 and document the reason on the MA-51 Medical Waiver Signature Form.

If you should have any questions, feel free to contact the Admissions Department at (610) 891-5739.

Sincerely,
Terri Furman
Admissions Director

Non-Discriminatory Statement

Fair Acres Geriatric Center complies with the provisions of the Federal Civil Rights Act of 1964 and the Pennsylvania Human Relations Act, (43 P.S. SS951-962.2), The Rehabilitations Act of 1973 (Section 504), the Age Discrimination Act of 1975, and all requirements imposed pursuant thereto, to the end that no person shall, on the grounds of race, color, national origin, ancestry, age, sex, religious creed, handicap or disability, be excluded from room participation, or be denied benefits of or otherwise be subject to discrimination in the provision of any care of service.

FAIR ACRES ADMISSION APPLICATION
PHONE (610) 891-5739 FAX# (610) 891-5916

(A)

Name of Applicant: _____ Marital Status: _____
(as it appears on Medicare card)

Applicant Address: _____ Years lived in Delco: _____

Current Location: _____ Since: _____ Home Phone #: _____

Veteran Branch: _____ Lifetime Occupation: _____ Ethnicity: _____ Religion: _____

Place of Birth: _____ U.S. Citizen: Y N Primary Language: _____ Interpreter Needed: Y N

Has applicant ever been convicted of a Felony: Y N

Medicare #: _____ DOB: _____ Social Security #: _____

Other Medical Insurance: _____ HMO: Y N

Medicare Supplemental Insurance: _____ HMO: Y N

Long Term Care Insurance within 5 years: Y N Access Card (MA #): _____

Medicare D Plan: _____ Other Prescription Drug Plan: _____

Primary Physician & Phone #: _____ Living Will/Advance Directives: Y N

Total Monthly Income: _____ SS: _____ Pension: _____ Other: _____

Current Balance: Checking Acct.: _____ Savings Acct.: _____ # of Bank Accts: _____

CD's: _____ Stocks/Bonds/Annuities: _____ IRA(S): _____ Trust Account: _____

Own Real Estate: Y N Name(s) on Deed: _____ Approx. Value: _____

Loans: Y N Amount: _____ Unpaid Nursing Home Balance: Y N Amount: _____

Fair Acres is not responsible for burial preparation and expenses.

Preferred Funeral Director and Phone #: _____

Restricted (Irrevocable) Burial or Prepaid Funeral: Y N Whom: _____ Amt: _____

Life Insurance Policies; include company, policy number, face and cash value: _____

Have any assets or property been liquidated or transferred within the past 5 years: Y N

This includes any cash gifts, donations, transfers, withdrawals or transactions. If yes, please explain: _____

Elder Law Attorney: Y N Name & Phone #: _____

Primary Contact: _____ Guardian POA Responsible Party
 Medical Financial

Address: _____ E-mail: _____

Home Phone #: _____ Business #: _____ Cell #: _____

I understand that the information supplied herein is correct and that fraudulent attempts to conceal or ignore material facts may result in possible legal proceedings by the Department of Human Services (DHS) (formerly Department of Public Welfare (DPW) and/or Fair Acres to recoup any assets inappropriately transferred.

Signature of: Responsible Party POA Guardian Relationship: _____ Date: _____