



Arizona Lutheran Retirement Center

1928 W Orangewood Ave., Phoenix AZ 85021-7849

Manager: Jay Bartley

(602) 995-2541

APPLICATION FOR ADMISSION

Name of Applicant _____

Address: _____

Requirements for Admission

1. The Center is an institution for the mature senior, maintained by the Arizona Lutheran Retirement Center, and AZ Corporation. The Arizona Lutheran Retirement Center is composed of Wisconsin Evangelical Lutheran Synod congregations. Preference shall therefore be given to those applicants who are members of member congregations.
2. Applications from members of non-member WELS congregations will be received, and the applicants admitted according to the discretion of the Admissions Committee, the applicant's need of primary consideration.
3. All applications for admission to ALRC must be submitted on the form provided by ALRC for that purpose.
4. Applicants must be such that their mental and physical health will not disrupt the established routine of ALRC. If a resident displays signs of an inability to care for themselves independently; family will be asked to supply additional care and/or services. If with these services, the patient requires more care than ALRC can provide, residents will be asked to search for alternative housing.
5. It is expected that those who have assets, pay for their residency and services according to their ability.

Arizona Lutheran Retirement Center Reserves unto Itself

1. The exclusive right of accepting or rejecting any applicant for admission. No one is authorized to make a charge or to receive compensation in connection with the admission of any person to ALRC.
2. The right to dismiss any resident for conduct which, in the judgement of the Board of Directors, is detrimental to ALRC.
3. The right to make, through its Board, changes at any time under all circumstances.
4. The right to require those residents who need financial help to apply for support from available sources, including our local congregations.
5. The right to place any resident who should become unable to continue independent living, requests that the resident or next of kin make adequate provisions for transferring resident to a facility qualified to render proper care.

Application Information

The information you supply will be kept confidential and will not be made public without your permission in writing.

Name _____ Phone Number: _____

Spouses Name _____ Date of Application _____

Social Security Number _____ Spouses Social Security Number _____

Address _____

City: _____ State: _____ Zip Code: _____

Birth Place: _____ Birth Date: _____

Spouses Birth Place _____ Birth Date: _____

Email address _____ Spouses Email _____

Family Status (Mark X on the proper line)

Single: () Widow: () Date of spouses' death _____

Married: () Widower:() Date of spouses' death _____

Divorced: () Wedding anniversary date: _____

Children (Name)	(Address)	(Age)	(Phone Number)
-----------------	-----------	-------	----------------

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

In case of emergency, notify _____ (Relation) _____ (Phone Number) _____

Do you have a living will, Yes/No? Do you have a power of attorney in case you become incapacitated, Yes/No?

Name of power of attorney _____

Whom would you name guardian in case you become incapacitated?

Name: _____ Phone Number _____

Address: _____

Where is your current church membership _____ How Long? _____

Pastors Name: _____ Phone Number _____

Address: _____ City _____ State ___ Zip _____

Synod Affiliation _____

Previous Church Membership _____ How Long: _____

Income received monthly:

Social Security _____

Pension income _____

Other Income _____

Current debts? If so please list _____

Does Medicare cover you Yes/No? _____

Life insurance Yes/No?

Who is your primary care provider? Name _____ Phone Number _____

Do you authorize your physician to release information to our administrator? _____

I hereby certify that to the best of my knowledge and belief, I have correctly answered all questions in this application, and I agree to abide by all the rules and requirements of the Arizona Lutheran Retirement Center.

If I am accepted for residency in Arizona Lutheran Retirement Center, the agreements contained in this application shall be binding upon me, my personal representatives and heirs at law.

I understand that I may terminate my residency upon (30) thirty-day written notice.

I hereby make this application for residency in the Arizona Lutheran Retirement Center of my free will and accord. It is my purpose to make said Arizona Lutheran Retirement Center my permanent home. I declare the answers to the foregoing to be full and complete.

Signature: _____ Date: _____

Spouses Signature _____ Date: _____

Notary Seal and Signature

State Of: _____

County Of: _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary Public

Signature: _____

My commission

expires: _____

For your Pastor to fill out

I, Pastor _____, do certify that the above applicant is
a member of _____ Congregation.

Synod affiliation is: _____

City: _____ State: _____

And recommend that this application be earnestly considered.

Signature: _____ Date: _____