

Dear Applicant for Admission,

Thank you for your interest in Saint Francis — Manchester!

We welcome individuals who are 65 years of age or older, regardless of race, religion, or national origin. Our community is affiliated with the Catholic Diocese of Richmond and we are honored to serve God's eldest children in a manner that assures respect and dignity.

Of utmost importance is our desire to offer an affordable, loving community that provides quality care to meet a person's individual needs. Those who find Saint Francis to be a good fit have a certain level of independence in personal care needs, ambulation and safety awareness. They share in the life of our community as they feel comfortable. Saint Francis strives to ensure that everyone finds a sense of peace and belonging.

A call or email is the first step in the admission process to Saint Francis. We will have a preliminary conversation to discuss what you are looking for in your next home. Then you will complete the attached self-assessment form and return it to me with the following documentation:

- Copies of insurance cards
- Monthly income verifications (Social Security, pension, etc.)
- Three months of bank statements for all assets (checking, savings, IRA, etc.)
- Copy of Power of Attorney and Advance Directive

You may also find it beneficial to schedule a tour to explore our community and see available floor plans within your personal budget. After the preliminary information is reviewed, a more thorough screening will be made to ensure that we can support your individual needs. Hopefully, within 2-3 weeks, you will be excited to hear that Saint Francis is welcoming you to join our community.

Please do not hesitate to contact me with questions at 804-237-560 or ssheehan@saintfrancisrva.org. I look forward to meeting you and hope that we may be of service to you in the future. God bless you!

Respectfully,



Sandra Sheehan, MBA
Admissions and Finance Manager

self assessment form

To be completed by Applicant or Authorized Representative.

To ensure we meet all your needs, please respond to all questions.

DATE _____ APPLICANT'S NAME _____ AGE _____

personal care needs

Do you need assistance with any of the following activities of daily living? (please check)

	NO ASSISTANCE	SOME ASSISTANCE	TOTAL ASSISTANCE
<i>bathing</i>			
<i>dressing</i>			
<i>toileting</i>			
<i>eating/feeding</i>			
<i>walking</i>			
<i>wheeling</i>			
<i>transferring</i>			
<i>medication management</i>			

Do you ever experience any of the following? (please check)

	NEVER	OCCASIONALLY	USUALLY
<i>bowel incontinence</i>			
<i>bladder incontinence</i>			

medical/health status

Please list your current medical conditions, including mental health diagnosis, prior surgeries, or injuries.

List all medications that you currently take (please attach a list if needed):

Do you have difficulty with your vision, hearing, or speech? If so, please specify:

Please check all special treatments currently needed:

dialysis

oxygen use

dressing/wound care

pt/ot/speech therapies

glucose/blood sugar testing

glucose/blood sugar testing

special diet

other: _____

injections/iv therapy

financial needs

(please include documentation)

monthly income (including sources):

total assets (i.e. checking; please itemize different resources):

medical insurance coverage _____

are you medicaid eligible? YES NO *have you applied?* YES NO

please detail any other special needs you require.

person completing this form:

name _____ *address* _____

phone _____ *email* _____

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE

PLEASE NOTE: Saint Francis – Manchester’s primary goal is to care for our residents safely with respect, compassion, and dignity. While we truly want our residents to remain with us throughout their lives; there are times when their conditions may change beyond our ability to care for them safely and to meet all their medical needs. If a decline in condition prevents us from meeting this goal, staff will facilitate a transfer to a facility that can provide the appropriate level of care.