



VILLA MARIN

100 Thorndale Drive • San Rafael, California 94903

Applicant I:

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Telephone # H _____ Cell _____

Date of Birth _____ Age _____

Medicare No. _____ Effective Date _____

Applicant II:

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Telephone # H _____ Cell _____

Date of Birth _____ Age _____

Medicare No. _____ Effective Date _____

In case of emergency, please contact

1. Name _____ Relationship _____

Address _____ Telephone (____) _____

City _____ State _____ Zip _____

2. Name _____ Relationship _____

Address _____ Telephone (____) _____

City _____ State _____ Zip _____

3. Name _____ Relationship _____

Address _____ Telephone (____) _____

City _____ State _____ Zip _____

Please attach a Biographical Statement

We would like to hear about the significant and important aspects of your life so that we can become better acquainted. If you wish, tell us about your family, your career and volunteer activities, any military service, your travels and hobbies, etc. – whatever is important to you.

Health and Medical Information

Applicant I:

General health is: good _____ average _____ fair _____ poor _____

Vision is: good _____ average _____ fair _____ poor _____

Hearing is: good _____ average _____ fair _____ poor _____

Applicant II:

General health is: good _____ average _____ fair _____ poor _____

Vision is: good _____ average _____ fair _____ poor _____

Hearing is: good _____ average _____ fair _____ poor _____

Name of Supplemental Health Insurance (Medi-Gap) carrier: _____

Are you a Kaiser or other HMO member, and if so have you assigned your Medicare?
Yes _____ No _____

Copy of Supplemental Health Insurance Required

Does the Supplemental Insurance Cover Prescriptions? Yes _____ No _____

Name & Address of Insurance Company: _____

Name of Insured: _____

Subscriber Number: _____ Group Number: _____

Effective Date: _____

Please include a copy of the following documents for the Health Center medical records file.

A Durable Power of Attorney _____

An Advance Health Care Directive _____

A Do Not Resuscitate Order (Optional) _____

Application Process

1. A \$250 per-person, non-refundable administrative processing fee is required. If escrow has not closed in two years the applicant is required to pay another \$250 and agree to accept all interim changes in policies and procedures.
2. Applicant's financial report, using the form supplied by VMHOA.
3. A physician's report, using the form supplied by VHMOA.
4. Evidence of your Medicare A&B coverage, Supplemental Health Insurance (and what it covers), or write a statement which indicates that you will be self-insuring for medical costs not covered by Medicare.

When all of the above has been received, the Admissions Committee of VHMOA will review your application forms. Please be advised that a real estate transaction cannot be completed until the applicant(s) are approved by the Admissions Committee. The Admissions Committee, Villa Marin physicians, and Villa Marin Administration will hold the information on all forms strictly confidential.

Please sign below on the application to become resident at Villa Marin.

I understand that if this application is approved by VHMOA, the information supplied is part of the basis for such approval, and any misrepresentations, concealment, or omission may cause such approval to be voided at the option of VHMOA and/or may cause termination of residence and health care agreements.

Villa Marin Homeowners' Association is a California Non-Profit Mutual Benefit Corporation. It is a Continuing Care Retirement Community facility licensed by the California Department of Social Services and the Department of Health Services. The Villa Marin Board of Directors, elected by the homeowners, operates this facility. **Your participation in the governance of Villa Marin will be an important part of your residency.** By signing this form, you are expressing willingness to participate in the governance of this facility.

Applicant I:

Signature _____

Date _____

Applicant II:

Signature _____

Date _____

Please print this form, sign above, then mail or fax to Villa Marin.