

CHECKLIST FOR NEW RESIDENTS

Please use the following checklist as a reminder of the items you will need to provide to United Methodist Communities as part of the admission process. Please bring them to the Sales Director on the day of your interview with the Director of Wellness or before signing your agreement.

Copies of the following:

- | | |
|---|--|
| <input type="checkbox"/> Social Security card | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Medicare card | <input type="checkbox"/> Living Will / Advance Directive |
| <input type="checkbox"/> Other medical insurance card | <input type="checkbox"/> Photo ID (Government Issued) |
| <input type="checkbox"/> Medication insurance card | |

Copies of the following financial documents: (Not needed for Respite)

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> All bank statements | | | |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> Certificates of Deposit | <input type="checkbox"/> Other |
| <input type="checkbox"/> Most recent income tax return | <input type="checkbox"/> Investment statements | | |
| <input type="checkbox"/> Most recent Social Security check
(Usually on bank statement) | <input type="checkbox"/> Mortgage statement from lender | | |
| <input type="checkbox"/> Most recent pension check
(If applicable, usually on bank statement) | <input type="checkbox"/> Other liability statements | | |
| <input type="checkbox"/> Most recent copy of any other income
(If applicable, usually on bank statement) | <input type="checkbox"/> Most recent copy of property tax bill | | |
| <input type="checkbox"/> Approximate total listing of the past year's
medical expenses (Pitman only: Dentures, eyeglasses, hearing aids, co-pays, etc.) | <input type="checkbox"/> Copy of pre-paid funeral (Pitman only) | | |