PC(USA) WAITING LIST APPLICATION

Of

__________________________________
(Applicant)

And

_________________________________
(Spouse*)

For Admission to Residence at

MONTE VISTA GROVE HOMES
THE GROVE CAMPUS, LLC and EXTENDED CARE FACILITIES
2889 San Pasqual Street
Pasadena, CA  91107
Phone: (626) 796-6135
FAX: (626) 796-9753
www.mvgh.org

A senior community with Independent Living accommodations primarily for
Teaching Elders (Ministers), Missionaries, Certified Christian Educators,
Certified Musician Associates, and
Commissioned Ruling Elders of the PC(U.S.A.),
and / or their spouses*

A Regional Ministry of the Synod of Southern California and Hawaii

Member of LeadingAge California

*“Spouse” is defined as the person to whom a qualifying individual is legally married or
is registered as a State of California Registered Domestic Partner (DP) at the time of admission to MVGH.
PERSONAL INFORMATION

Full Name of Applicant: (Rev./Dr./Mr./Mrs./Miss/Ms.): ____________________________________________

Current Address: ____________________________________________________________________________

City: ____________________ State: _____ Zip: ______ Email: __________________________________________

Telephone Number(s): Home: (____) _______ Work: (____) _______ Cell: (____) ____________________

Social Security #: __________________________ Date of Birth: ________________________________

Marital Status: Single: _____ Married: _____ Date of Marriage or Certificate of DP: ___________________

Widowed: _____ Separated: _____ Divorced: _____ Remarried: ______

Ordination Date: ___________________ in the Presbytery of: ____________________________

Current Presbytery: _________________________________________________________________

Denomination/Board/Agency/Primarily Served: _____________________________________________

Current Stated Clerk's Name: __________________________________________________________

Stated Clerk's phone: __________________________ Stated Clerk’s email: _________________________

SPOUSE/PARTNER:

Full Name of Spouse/Partner: (Rev./Dr./Mr./Mrs./Miss/Ms.): _____________________________________

Email: _________________________________________________________________________________

Telephone Number(s): Work: (____) ___________________ Cell: (____) __________________________

Social Security #: __________________________ Date of Birth: ________________________________

IF APPLICABLE:

Ordination Date: ___________________ in the Presbytery of: ____________________________

Current Presbytery: _________________________________________________________________

Denomination/Board/Agency/Primarily Served: _____________________________________________

Current Stated Clerk's Name: __________________________________________________________

Stated Clerk's phone: __________________________ Stated Clerk’s email: _________________________

EMERGENCY INFORMATION

Notify: _______________________________________________________________ Relationship: __________

Address: ______________________________________________________________________________

Telephone Number(s): Home: (____) _______ Work: (____) _______ Cell: (____) __________________

Monte Vista Grove Homes has been granted a Certificate of Authority for the assisted living and memory care (RCFE #191222411) and skilled nursing (SNF# 970000086) facilities by the State of California as a Continuing Care Retirement Community (CCRC) – Certificate #252
ADDITIONAL INFORMATION

Do you have Traditional Medicare? ☐ Yes ☐ No

Do you have the Board of Pensions Medicare Supplement? ☐ Yes ☐ No

Do you have Long Term Care Insurance? ☐ Yes ☐ No

What year would you like to move to MVGH? ________________

How did you learn about MVGH?

I/We have received and reviewed the MVGH Application for Residency Information. I/We understand that applicants are offered residency based on availability and that as such, I/We cannot be guaranteed housing. I/We understand that this application is not complete unless accompanied by the required Service Record. I/We agree to comply with all requests for financial and medical information. I/We agree to conform to any amendments, modifications or changes that the MVGH Board of Trustees may hereafter deem necessary. I/We will keep MVGH informed of my/our current address and advise MVGH of any changes in employment, health and/or marital status. I/We attest that information provided is true and correct. I/We understand that the withholding or falsification of information may result in the disqualification of my/our application the forfeit of my/our application fee.

APPLICANT: ____________________________

_____________________________ _____________________________

(PRINTED NAME) (PRINTED NAME)

_____________________________ _____________________________

(SIGNATURE) (SIGNATURE)

_____________________________ _____________________________

(DATE) (DATE)

APPLICATION FOR RESIDENCY REV 10/18 – Information provided is kept confidential. All application materials become the property of MVGH.

For Office Use Only:

DATE APPLICATION RECEIVED: ____________________________ BY: ____________________________

APPLICATION FEE RECEIVED: _________ (Y/N OR WAIVED)

DATE APPROVED BY RESIDENT RELATIONS: ____________________________

DATE APPROVED BY MVGH BOARD OF TRUSTEES: ____________________________

WAITING LIST AND DATE:

PRIMARY ACTIVE: ________________ PRIMARY INACTIVE: ________________ SECONDARY: ________________
<table>
<thead>
<tr>
<th>#</th>
<th>PCUSA/NON-PCUSA (P/N)</th>
<th>CATEGORY OF SERVICE APPLICATION/ENTRANCE AGE: 60</th>
<th>PRIMARY OR SECONDARY WAITING LIST (P/S)</th>
<th>YEARS OF SERVICE REQUIRED</th>
<th>YEARS IN A RETIREMENT FUND</th>
<th>ELIGIBLE FOR FINANCIAL ASSISTANCE (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>P</td>
<td>Individuals and/or their spouse, employed with the PCUSA in a position validated by a higher governing body as a Teaching Elder (minister), missionary, Certified Christian Educator, Certified Musician Associate, or Commissioned Ruling Elder of the PCUSA; and/or their spouses. <em>(See Service Record)</em></td>
<td>P</td>
<td>15</td>
<td>20</td>
<td>Y</td>
</tr>
<tr>
<td>2</td>
<td>P</td>
<td>Same as above but with less than 15 years of service</td>
<td>S₁</td>
<td>10-15</td>
<td>20</td>
<td>Y</td>
</tr>
<tr>
<td>3</td>
<td>P</td>
<td>A Teaching Elder or Lay Member in the following PCUSA categories: Chief Administrator, Ruling Elder Commissioned to Validated Ministry. Current member of the PCUSA</td>
<td>S₂</td>
<td>15</td>
<td>20</td>
<td>N</td>
</tr>
<tr>
<td>4</td>
<td>N</td>
<td>Ministry <em>(Pastor/co-Pastor, Associate Pastor, Temporary Pastoral Relationship, Stated Supply, Chief Administrative Officers)</em> associated with those churches in full communion with the PCUSA: Covenant Rel. Korean Presbyterian Church Abroad Evangelical Lutheran Church of America Moravian-Reformed Covenant Partnership Reformed Church in America United Church of Christ</td>
<td>S₃</td>
<td>15</td>
<td>20</td>
<td>N</td>
</tr>
<tr>
<td>5</td>
<td>P</td>
<td>Exceptions to the above can be made upon recommendation of the Resident Relations Committee and a 2/3 approval of the full Board. The following guidelines are to be considered when reviewing applications that are an exception to the above categories: 1. Current member of the PCUSA 2. Have sufficient financial resources to meet all MVGH financial requirements without assistance. 3. There is a vacant unit that no one on the Primary or Secondary Waiting Lists are in a position to accept at this point in time. 4. Three (3) letters of recommendation — such as residents (limit 1), pastors, PCUSA Leaders, etc. 5. Leadership, volunteer and staff positions with MVGH and/or PCUSA. 6. Only miss Primary or Secondary Waiting List criteria by a small margin. 7. Support the mission and vision of MVGH.</td>
<td></td>
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</tr>
</tbody>
</table>

*The Resident Relations Committee and/or the Board of Trustees reserves the right to deny an application if they feel the applicant is not suited for community living.*

Sⁿ = order of preference on the Secondary Waiting List

App 6/27/19