



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 

***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.*

REV. 10/19

Monte Vista Grove Homes has been granted a Certificate of Authority for the assisted living (RCFE #191222411) facilities by the State of California as a Continuing Care Retirement Community (CCRC) – Certificate #252

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: _____

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: _____

EMERGENCY INFORMATION

Notify: _____ Relationship: _____

Address: _____

Telephone Number(s): Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

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 approval and 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:

SPOUSE/PARTNER:

(PRINTED NAME)

(PRINTED NAME)

(SIGNATURE)

(SIGNATURE)

(DATE)

(DATE)

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: _____

**MONTE VISTA GROVE HOMES
ELIGIBILITY GUIDELINES**

#	PCUSA/ NON- PCUSA (P/N)	CATEGORY OF SERVICE APPLICATION/ENTRANCE AGE: 60	PRIMARY OR SECONDARY WAITING LIST (P/S)	YEARS OF SERVICE REQUIRED	YEARS IN A RETIRE- MENT FUND	ELIGIBLE FOR FINANCIAL ASSISTANCE (Y/N)
1	P	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. <i>(See Service Record)</i>	P	15	20	Y
2	P	Same as above but with less than 15 years of service	S ¹	10-15	20	Y
3	P	A Teaching Elder or Lay Member in the following PCUSA categories: <i>Chief Administrator, Ruling Elder Commissioned to Validated Ministry.</i> Current member of the PCUSA	S ²	15	20	N
4	N	Ministry (<i>Pastor/co-Pastor, Associate Pastor, Temporary Pastoral Relationship, Stated Supply, Chief Administrative Officers</i>) associated with those churches in full communion with the PCUSA: Korean Presbyterian Church Abroad Evangelical Lutheran Church of America Moravian-Reformed Covenant Partnership Reformed Church in America United Church of Christ	S ³	15	20	N
5	P	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: <ol style="list-style-type: none"> 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. 8. Would contribute and expand the diversity and inclusivity of MVGH. 				

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.