

The Cottages

Preliminary Application for Residency

Thank you for your interest in *The Cottages*. In order to be considered for residency or placed on our waiting list, it will be necessary to complete this preliminary application.

1. General

Applicant Name: _____

Social Security Number: _____

Applicant Name: _____

Social Security Number: _____

Address: _____

Telephone: _____

Birth Date: _____ Birth Place: _____

Birth Date: _____ Birth Place: _____

Marital Status: M__S__D__W__

Current or Former Occupation: _____

Do you own an automobile? Yes__No__

Do you need a garage? Yes__No__

2. Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone Number: _____ Cell Phone: _____

E-Mail: _____

Name: _____

Relationship: _____

Address: _____

Phone Number: _____ Cell Phone: _____

E-Mail: _____



3. Needs & Services

Please check the answer that best indicates your needs.

Housekeeping: No Assistance___Assistance___

Personal Laundry: No Assistance___Assistance___

Bathing Preference (Available at an additional cost of \$40/month): Shower___Tub___

No Assistance___Assistance___Times Per Week___

Grooming: No Assistance___Assistance___

Dressing: No Assistance___Assistance___

Walking: No Assistance___Cane___Walker___Wheelchair___

Nighttime Checks: Not Necessary___Would Appreciate___

Assistance in the Bathroom: Not Necessary___Would Appreciate___

Hearing: Hearing Aide___ Dentures___

Vision: Glasses___Visual Problem___

How would you rate your skills in the following area?

	Good	Fair	Poor
Emergency Awareness	___	___	___
Medication Management	___	___	___

Medication Administration: Self___ Staff___

4. Medical

Physician's Name: _____

Address: _____

Phone: _____

Hospital Preference: _____

List your current medications: _____

Last physician visit: _____

Last hospital stay: _____



5. Financial

Please describe the nature of your financial resources:

Cash Assets (approximately): _____

Home or Property: _____

Monthly Income: _____

1. Employment Income: \$ _____ /month

2. Social Security Income: \$ _____ /month

3. Pension Income: \$ _____ /month

4. Interest Income: \$ _____ /month

5. Other: \$ _____ /month

Total: \$ _____ /month

Name and Address of Medical Insurer: _____

Policy Number: _____

Do you have Long Term Care Insurance? Yes___ No___

Name and Address of Long Term Care Insurer: _____

Policy Number: _____

I understand and agree that the forgoing application is not a contract or reservation for residency. Nothing contained herein is binding on either party until a Residency Agreement has been signed by the parties.

I certify that the information which I have provided in this application is true and correct to the best of my knowledge and belief.

Applicant Signature

Date

Applicant Signature

Date

