



Visiting Nurse
Assisted Living
Community

A Great Place to Call Home ...™

Application for Residency

Thank you for your expression of interest in residency at the VNA Assisted Living Community. Please complete and return this application. All information will be kept confidential.

Upon receipt of your completed application, a member of our staff will contact you.

General Information

Name _____ Social Security # _____

Address _____ City _____

State _____ Zip _____ Phone _____

Birthday ____/____/____ Place of birth _____ Gender: Male Female

Primary Language _____ Secondary Language _____

Marital Status (circle one) Married Single Widow/er Divorced Separated

Current or former occupation _____

Is there anyone helping you in your consideration of assisted living? If so may we contact them? (yes) (no)

Name _____ Relationship _____

Address _____ Phone _____

Current Living Situation

Do you own your home, or rent? (circle one) Own Rent

What type of housing do you live in? Apartment Single family Multi-family Condo Other _____

What is your approximate monthly income? _____

Do you own a car? _____ Do you intend to maintain it? _____ Do you drive yourself regularly? _____

Who helps you at home? _____ Relationship _____

How do they help you? _____

Do you have any services to assist you at home? If so, please list service agencies and the types of assistance they provide _____

What is the reason you are considering assisted living? _____

Daily Living

How do enjoy spending your time? What hobbies do you have? _____

Please use an "X" to describe yourself in the following areas:

Task	Some Assistance	Complete Assistance	Comments
Preparing Meals	_____	_____	_____
Eating	_____	_____	_____
Housekeeping	_____	_____	_____
Laundry	_____	_____	_____
Bathing	_____	_____	_____
Finances	_____	_____	_____
Shopping	_____	_____	_____
Toileting	_____	_____	_____
Dressing	_____	_____	_____
Walking	_____	_____	_____

What other assistance do you feel you need? _____

What special equipment or devices do you require? _____

Medical and Insurance Information

Physician's Name _____ Phone # (____) _____

Address _____ City _____ State _____ Zip _____

What medical/ health problems do you have? _____

What medications are you taking at the present time? _____

Do you require assistance/reminders to administer your medication(s)? Yes No

Do you require assistance with a special diet or eating? Yes No (describe) _____

Please list all your medical insurance, including supplemental and long term care _____

I understand and agree that this application is neither a contract, nor a reservation for residency. Nothing contained in this document obligates or entitles me to an apartment at the VNA Assisted Living Community until a Resident Agreement has been signed by all parties involved.

Signature of Applicant _____ **Date of Application** _____

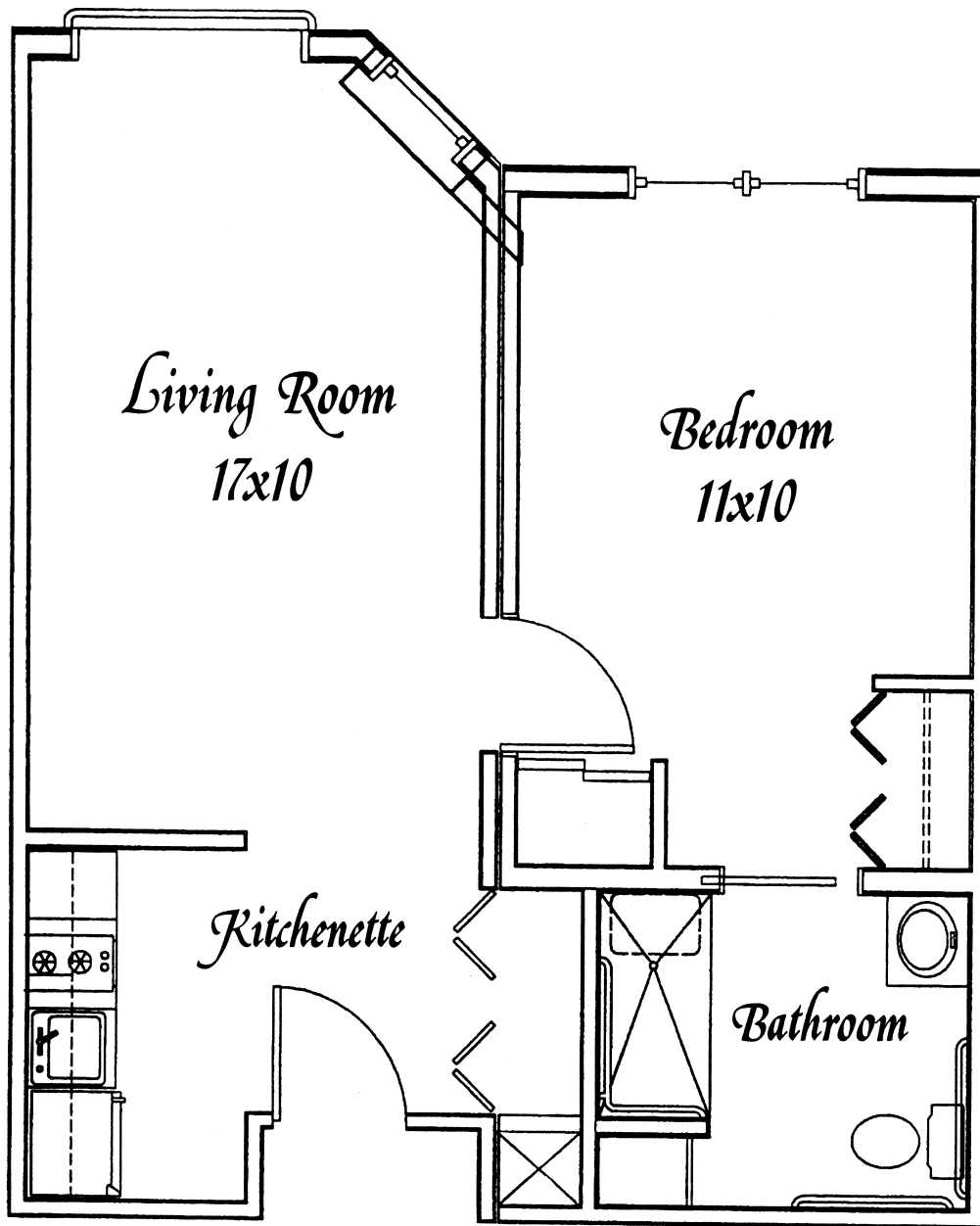
(Completion of this section is voluntary)

In order to help us carry out our responsibilities under applicable Fair Housing Laws, we ask that you identify yourself by one of the following designations: (Please circle only one)

White African-American Asian Latino Native American Eskimo Other _____

The VNA Assisted Living Residence is committed to the principals of equal opportunity. The residence does not discriminate against individuals on the basis of race, color, gender, sexual orientation, religion, age, ancestry, national or ethnic origin, or veteran status in its application process.

Sample Unit



Units are approximately 500 sq. feet

The dimensions, sizes, configurations, and other information are meant to be illustrative only



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Prospective Residential Financial Information

Please complete this form and return with your application. All information will be kept confidential.

Name _____ Date _____

Income:

Social Security: \$ _____

Pension: \$ _____ Company _____

Address: _____

Annuity: \$ _____ Company _____

Address: _____

Trust Account: \$ _____ Company _____

Address: _____

Approximate Total Value: \$ _____

Real Estate: (in applicant's name or joint ownership)

Location: _____ City: _____ State _____

Mortgage: \$ _____ Rental Income: \$ _____

Location: _____ City: _____ State _____

Mortgage: \$ _____ Rental Income: \$ _____

Approximate Total Value: \$ _____

Bank Accounts:

Bank: _____ Type of Acct: _____ Acct#: _____

Address: _____ Current Balance: \$ _____

Bank: _____ Type of Acct: _____ Acct#: _____

Address: _____ Current Balance: \$ _____

Bank: _____ Type of Acct: _____ Acct#: _____

Address: _____ Current Balance: \$ _____

Assets: **Approximate Capital Value**

Annual Income

Stocks – Brokerage Firm: _____ Account # _____
Address: _____
Cert. Of Deposit – Bank: _____ Account # _____
Address: _____
Cert. Of Deposit – Bank: _____ Account # _____
Address: _____
Cert. Of Deposit – Bank: _____ Account # _____
Address: _____
Bonds – Company: _____ Account # _____
Address: _____

Life Insurance Policies:

Company: _____ Address: _____
Policy # _____ Approx. Value: \$ _____
Company: _____ Address: _____
Policy # _____ Approx. Value: \$ _____
Funeral Trust: _____ Address: _____
Policy # _____ Approx. Value: \$ _____

Any long term care policies that cover Assisted Living Services? YES _____ NO _____

If yes, list company and policy #: _____

Amount Paid for Services: \$ _____

Any other sources of income: **(Please describe)** _____

Any debts, mortgages or other financial obligations that would affect the income assets: _____

The financial information in this statement is true & is submitted
in consideration for residency at the Visiting Nurse Assisted Living Community.

Signature

Date