



*Assisted Living Community*

# Visiting Nurse Assisted & Senior Living Communities

c/o

259 Lowell Street, Somerville, MA 02144



*Senior Living Community*

*"Providing dignified, affordable homes for those who need a helping hand"*

Dear Friend,

Thank you for your interest in the Visiting Nurse Assisted Living and Senior Living Communities. Our beautiful residences provide a wonderful solution for those in need of some assistance. In addition to providing dignified, affordable homes, which consist of one-bedroom apartments that are furnished and decorated by our residents with their own treasured belongings, we offer a wide array of supportive services and amenities to promote dignity and independence.

## Apartment Features

- Kitchenette
- Large Bathroom
  - with handicapped assistive features
  - walk-in shower with safety grab bars
- Wall-to-wall carpeting
- Individual air-conditioning/heating system
- Fire/smoke detectors, sprinkler system throughout
- Closets

## Services / Amenities

- Assistance with personal care
  - such as bathing, dressing and grooming
- Assistance with housekeeping & laundry services
- Round-the-clock staffing and security cameras
- Assistance with medication monitoring
- Social & recreational activities
  - including cards, arts & crafts, music & more
- Wellness programs
- Emergency response system

## Common Areas

- Full service dining room
- Chapel/Spiritual Room
- Beautiful country kitchen
- Patio areas and covered porch
- Library & Activity Room
- Community garden

## Stores / Conveniences

- Hair Salon
- General Store
- Private mailboxes
- On-site parking
- Private dining for special occasions

Our number one goal is to provide a caring, nurturing residential community for those in need of an extra helping hand.

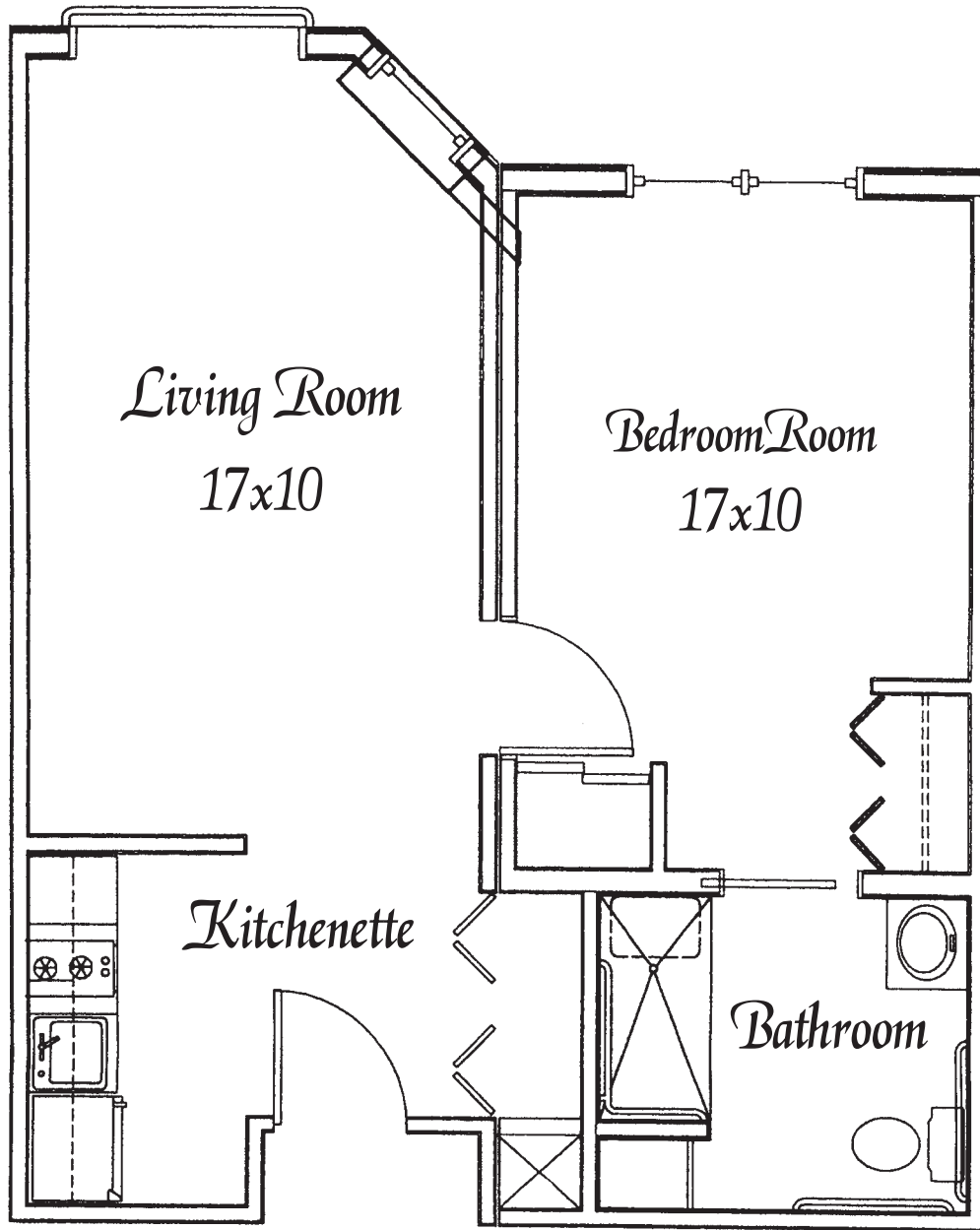
An application for residency is enclosed for your convenience. If you would like to apply, please complete the Pre-application and Prospective Residential Financial Information and return them to our management offices at the VNA at 259 Lowell Street, Somerville, MA 02144. If you have any questions, please call (617) 776-9800, and someone will be more than willing to assist you.

Thank you for your interest in our communities.

Sincerely,

John Spears  
Director of Operations

# 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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*Assisted & Senior Living*  
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Pre-application for Residency

Thank you for your interest in residency at the VNA Assisted and Senior Living Communities. Please complete and return this application to 259 Lowell Street, Somerville, MA 02144. All information will be kept confidential.

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

General Information — Please print or type

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Birthday \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

Marital Status Married \_\_\_ Single \_\_\_ Widow/er \_\_\_ Divorced \_\_\_ Separated \_\_\_

Current or former occupation \_\_\_\_\_

Is there anyone helping you with your application? 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 supportive housing? \_\_\_\_\_

# Daily Living

How do you enjoy spending your time? What hobbies do you have? \_\_\_\_\_

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

Task	Some Assistance	Full Assistance	Comments
Preparing Meals	_____	_____	_____
Eating	_____	_____	_____
Housekeeping	_____	_____	_____
Laundry	_____	_____	_____
Bathing	_____	_____	_____
Finances	_____	_____	_____
Shopping	_____	_____	_____
Transportation	_____	_____	_____
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 insurances, including supplemental and long term care \_\_\_\_\_

**I understand and agree that this application is neither a contract nor a reservation for residence. Nothing contained in this document obligates or entitles me to an apartment at the VNA Assisted or Senior Living Communities 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 & Senior Living Residences are committed to the principals of equal opportunity. The residences do 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.



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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: gross monthly \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_

Annuity: \$ \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_

Trust Account: \$ \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_

*Approximate Total Value:* \$ \_\_\_\_\_

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

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: \$ \_\_\_\_\_

<u>Assets:</u> Approximate Capital Value	<u>Annual Income</u>
Cert. Of Deposit – Bank: _____ Account # _____	_____
Address: _____	
Cert. Of Deposit – Bank: _____ Account # _____	_____
Address: _____	
Cert. Of Deposit – Bank: _____ Account # _____	_____
Address: _____	
Stocks – Brokerage Firm: _____ Account # _____	_____
Address: _____	
Bonds – Company: _____ Account # _____	_____
Address: _____	
Cash on Hand: _____	

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 or Supportive 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  
 or the VNA Senior Living Community.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date