

# Application for Residency

Name: \_\_\_\_\_ Relationship to potential resident: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you hear about Summer Breeze Senior Living? \_\_\_\_\_

Resident name: \_\_\_\_\_ Gender: \_\_\_\_\_ Male  Female

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

DOB: \_\_\_\_\_ If married, spouses name: \_\_\_\_\_

Which are you interested in?  Independent Living  Assisted Living  Memory Care

## Your Move-In

Will you need assistance with your move?  Yes  No  Not sure

Anticipated move-in date: \_\_\_\_\_ Select one:  I own a home  I rent a home

If you own, will you be selling the home prior to move-in?  Yes  No  Not sure

Will you be maintaining an automobile at Summer Breeze Senior Living?  Yes  No  Not sure

## Hobbies & Activities of Interest *(check all that apply)*

Art  Cards/Board Games  Cooking  Physical Activity  Intellectual Pursuits  Music

Reading  Theater  Religious Activities  Volunteering  Writing  Computers

List any current or former club/memberships: \_\_\_\_\_

Other interests: \_\_\_\_\_

## Medical Information

Name of primary physician: \_\_\_\_\_

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

How would you describe present state of health?  Excellent  Good  Fair

Please describe any medical conditions: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Date of last doctors' visit: \_\_\_\_\_

Type of medical insurance(s): \_\_\_\_\_

Do you have Long Term Care Insurance: Yes (which company? \_\_\_\_\_)  No

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## Income Sources

Employment income: \_\_\_\_\_ Social Security income: \_\_\_\_\_

Pension income: \_\_\_\_\_ Interest & dividend income: \_\_\_\_\_

Annuity income: \_\_\_\_\_ Other: \_\_\_\_\_

Total monthly income: \_\_\_\_\_

Assets/savings: \_\_\_\_\_ Approximate home value: \_\_\_\_\_

Are you or your spouse a US Veteran of a Foreign War? Yes  No

List any additional financial information we should be aware of when reviewing your financial resources:

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## Assisted Living Services (Please select the level of assistance needed, if any, for the following supportive services)

Task	Independent	Minimal Assistance	Partial Assistance	Full Assistance
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing & Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning/Night Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escorts/Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information: \_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree that this questionnaire is neither a contract, nor a reservation for residency. Nothing contained in this document is legally binding on me or Summer Breeze Senior Living unless and until a Residency Agreement has been signed by all parties involved.

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