

Application for Residency

Name: _____

Address: _____

Telephone: _____ Cell: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

How did you learn about Saranac Village? _____

Residents name: _____ Gender: _____ Male Female

Address: _____

DOB: _____ If married, spouses name: _____

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 Saranac Village at Will Rogers? Yes No Not sure

Do you have a handicapped parking tag? Yes No

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): _____ Date of last doctors's visit: _____



Income Sources

Employment income: _____ Social Security income: _____

Pension income: _____ Interest & dividend income: _____

Annuity income: _____ Other: _____

Total montly income: _____

Asssets/savings: _____ Approximate home value: _____

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

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

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: _____

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 Bentley Commons of Bedford unless and until a Residency Agreement has been signed by all parties involved.

The Community That Treats You Like Family • Independent Living at Saranac Village

