

Application for Residency

Name: _____ Relationship to potential resident: _____

Address: _____ Telephone: _____

Email Address: _____ Cell: _____

How did you hear about State Street Assisted Living? _____

Resident name: _____ Gender: _____ Male Female

Address: _____ Email: _____

DOB: _____ If married, spouses name: _____

Which are you interested in? Assisted Living Memory Care ALZ

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 State Street Assisted 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:

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 State Street Assisted Living unless and until a Residency Agreement has been signed by all parties involved.

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