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|   | **2013** |
|  | Colfax Manor Assisted Living**8200 South Colfax Avenue****Chicago, IL 60617****Phone: 773-203-4098****Fax: 815-782-4008****www.colfaxmanorassistedliving.com** |

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| **[Resident application]** |
| Thank you for your interest in the Visiting Colfax Manor Assisted Living. Our beautiful residence provides a wonderful solution for seniors in need of some assistance in a small-homelike environment and in community close to family and friends. Our spacious private and semi-private rooms are furnished and decorated by our residents with their own treasured belongings and we offer a wide array of supportive services and amenities to promote dignity and independence. Our number one goal is to provide a caring, nurturing residential community for those in need of an extra helping hand, whether it is for a permanent home or for Respite. |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male Female Date of Birth: \_\_\_\_\_\_\_\_\_ Move-In Date: \_\_\_\_\_\_\_\_\_

**ALF Room Type**: Private [ ] Large Private [ ] Semi-private [ ] Memory Care[ ] Furnished [ ] Unfurnished [ ]

**\*Daycare [ ] 3 days[ ] 1 week [ ]**

**\*Respite (short-term stay)[ ]How many weeks [ ] Dates \_\_\_\_\_\_\_\_\_\_\_\_**

Physical Limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Special Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Health Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Power of Attorney (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) of Applicant/POA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Current Living Situation:

Do you own your home or rent? Own\_\_\_ Rent\_\_\_ How many years?\_\_\_\_\_\_\_\_\_\_\_

What type of housing do you live in? Apartment\_\_\_ Single-Family\_\_\_ Multi-Family\_\_\_ Condo\_\_\_ Other\_\_\_\_

Where did you live prior to this?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently in a Skilled Nursing Facility/Rehab? Yes\_\_\_ No\_\_\_

## Assets

Value of Real Estate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

Other (Please Describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Assets$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Liabilities

Mortgage on Home: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage(s) on Real Estate: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Debts or Liabilities

(Itemized): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Liabilities$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Monthly Income

Social Security: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Retirement Annuity: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investments (Interest and

Dividends): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Total  *$*\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that the above information is accurate to the best of my knowledge. I understand that the assisted living community will rely upon this information to evaluate the resident’s ability to pay for services rendered.

The monthly income and assets listed are available to the resident or responsible party/guarantor to pay for the resident’s care.

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Resident Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party/Guarantor Date