



APPLICATION FOR RESIDENCY

General Information

Applicant Name _____ Social Security # _____

Address _____ Town/City _____

State _____ Zip _____ How long at this address? _____ years

Telephone where applicant can be reached _____

Birth Date _____ Birth Place _____ Gender _____ Male _____ Female

Current or former occupation or profession _____

Contact information on the person assisting you as you consider Cape Cod Senior Residences (if applicable):

Name _____ Relationship _____

Address _____ Town/City _____

State _____ Zip _____ Phones _____

Email address _____

What is your anticipated move-in date? _____

What is your preferred apartment?

Assisted Living Applicant: _____ Studio _____ One bedroom apartment

Independent Living Applicant: _____ One bedroom apartment _____ Two bedroom apartment

Current Living Situation (Required of All Applicants)

Do you rent or own your own home? _____ Rent _____ Own

Is home listed in applicant's name? _____ Yes _____ No

What type of housing do you live in? _____ Apartment _____ Single Family _____ Multifamily _____ Condo

_____ Other (please describe) _____ Current monthly rental rate _____

Name of Landlord/Owner/Manager _____ Telephone _____

Are you considering other housing alternatives? _____ Yes _____ No

If so, which ones? _____

Do you own an automobile? _____ Yes _____ No Do you drive yourself regularly? _____ Yes _____ No

Do you intend to maintain a car? _____ Yes _____ No

Do you have a pet? _____ Yes _____ No Please describe: _____

Financial Information *(Required of All Applicants)*

Please provide the following financial information (this information will be kept confidential):

Employment Income	\$ _____	per month
Social Security Income	\$ _____	per month
Employer Pension	\$ _____	per month
Interest & Dividend Income	\$ _____	per month
Annuity Income	\$ _____	per month
Life Insurance Benefits	\$ _____	per month
Support from Family	\$ _____	per month
Rental Income	\$ _____	per month
Other	\$ _____	per month
Total Monthly Income	\$ _____	per month

What are your assets/savings? _____

What is the approximate value of your home? _____

The Veteran's Administration offers financial assistance to pay assisted living expenses for eligible Veterans of Foreign Wars and/or their spouses. Are you and/or your present/former spouse a U.S. Veteran of a Foreign War? ____ Yes ____ No

Is there any additional information we should be aware of when reviewing your financial resources?

Healthcare Information *(Required of Assisted Living Applicants Only)*

Physician's Name _____

Address _____ Phone _____

Hospital Affiliation _____

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

How often do you see your doctor? _____ When was your last visit? _____

Do you use any assistance such as a cane, walker or wheelchair? ____ Yes ____ No Type _____

Are you on a special or restricted diet? ____ Yes ____ No Please describe _____

Do you smoke? ____ Yes ____ No

Are you on any medications at the present time? ____ Yes ____ No

If yes, please list the medication(s) and condition(s) being treated:

Medications _____ Conditions _____

Insurance Information *(Required of Assisted Living Applicants Only)*

Are you enrolled in? _____ Medicaid _____ Medicare _____ Other: _____

Please list all of your medical insurance coverage, including Medicaid and supplemental insurance:

Do you have long-term care (LTC) insurance? _____ Yes _____ No

If yes, what is the name of your LTC insurance company? _____

Daily Living *(Required of Assisted Living Applicants Only)*

Are there any problems or concerns which our staff ought to be aware of, or any special support you might need to live in our community? _____

Do you require someone (friend, relative or other person) to live with you at the present time?

If so, who? _____ Reason for this need? _____

If not, do you require someone to assist you during the day? _____ Yes _____ No

If yes, what type of assistance do you receive? _____

Please use an "X" to indicate your desire for assistance in the following areas:

Task	No Assistance Needed	Minimal Assistance Appreciated	Full Assistance Needed
Housekeeping			
Laundry			
Bathing			
Meal Preparation			
Budgeting			
Shopping			
Transportation			
Dressing			
Medication Reminders			
Escort/Mobility			
Night Care			
Shaving/Grooming			

Applicant Profile

Please list those things in which you have been active in the past. _____

What sort of activities do you enjoy the most at the current time? _____

How Did You Hear About Our Community?

Often people hear about Cape Cod Senior Residences through several avenues. Please check all that apply.

Promotional Vehicles	Check all that apply	Please Provide Details (circle or write in answer)
Newspaper Ad		Which newspapers?
Mailing to Your Home		Newsletter, postcard, invitation?
Event at Cape Cod Residence		Which event?
Poster Promoting an Event		Where did you see the poster?
Presentation / Exhibit		Where?
Internet		Our website: www.SeniorLivingResidences.com MassALFA.org • seniorhousingnet.com • Other?
Referral / Word of Mouth		Relative, friend, professional, local organization?
Drove By / Saw our Sign		
Yellow Pages		Verizon book or small community book?
Directory of Assisted Living Communities		Which directory?
Radio or TV		Which station?

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

Signature of Applicant

Date of Application



Independent and Assisted Living

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