

(includes Assisted Living Consumer Information Disclosure Statement and Resident Rights attached)

HEIGHTS CROSSING
35 Christy Place
Brockton, MA 02301
508-580-4300 508-580-3433 fax
APPLICATION FOR RESIDENCE

Thank you for your interest in Heights Crossing. Please complete the following application. If you are one of a couple, each should complete an individual application. Once completed, return the application to us at the above address.

I. General

Applicant(s) Name: _____ Social Security #: _____

Current address: _____

Telephone where applicant can be reached: _____

How long at this address: _____

Rent: _____ Own: _____ Religious Preference: _____

Birth Date: _____ Birth Place: _____

Marital Status: _____ Current or former occupation: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____

Phone: (home) _____ (bus) _____ (email) _____

Do you intend to bring your auto to Heights Crossing? Yes ___ No ___

Make & Year: _____ License # _____

It would be helpful to us in carrying out our responsibilities under Fair Housing laws if you would categorize yourself by one of the following designations. Completing this section is optional.

White: ____ Black: ____ Asian: ____ American Indian: ____ Other: ____

II. Housing

Specify any problems or concerns which the staff should be aware of: _____

Are you receiving any in-home assistance at this time: Yes ____ No ____

If yes, please explain: _____

Is there any special support which you will need? _____

Are you considering other housing alternatives? ____ If so, what? _____

How do you like to spend your time? _____

II. Medical

Physician's name: _____

Address: _____

Hospital Affiliation: _____

How would you describe your present state of health? _____

How often do you presently see a doctor? _____

Are you on medication at the present time? Yes ____ No ____

If yes, for what condition(s)? _____

Do you require assistance to administer the medication? Yes ____ No ____

Do you prepare your own meals? Yes ____ No ____ If no, who does? _____

Are you on a special diet? Yes _____ No _____ If yes, please explain: _____

How much walking do you do? _____

Do you have difficulty with stairs? Yes _____ No _____

Do you have Medical Insurance? Yes _____ No _____

Name and Address of Medical Insurer(s):

_____ Policy No: _____

_____ Policy No: _____

IV. It would be helpful to us in evaluating your needs to have you rate your skills in the following areas:

	GOOD	FAIR	POOR
Cooking	_____	_____	_____
Housekeeping	_____	_____	_____
Laundry	_____	_____	_____
Shopping	_____	_____	_____
Personal Hygiene/Dressing	_____	_____	_____
Taking Medications	_____	_____	_____
Walking	_____	_____	_____

Comments: _____

V. Financial

The following information is essential.. It is used to help determine that the Resident is able to live in Heights Crossing. Please be assured that this information is held in the strictest confidence.

MONTHLY INCOME:

SOCIAL SECURITY \$ _____/month

PENSION \$ _____/month

EMPLOYMENT INCOME \$ _____/month

INTEREST INCOME \$ _____/month

RENTAL INCOME \$ _____/month

OTHER INCOME \$ _____/month

MONTHLY INCOME TOTAL

 \$ _____/month

CASH OR CASH EQUIVALENTS:

SAVINGS ACCOUNTS _____ **as of** _____

CHECKING ACCOUNTS _____ **as of** _____

CD'S _____ **as of** _____

STOCKS/FUNDS _____ **as of** _____

REAL ESTATE _____ **as of** _____

OTHER _____ **as of** _____

I understand that all information provided herein is confidential. At its discretion, Heights Crossing may choose to verify this information, and in doing so, may need to request additional detail from me. I understand also, that Heights Crossing, at its discretion, may choose to do a credit history.

I understand and agree that the foregoing application is not a contract or reservation. The information contained herein is not binding until a Residency Agreement has been signed by both parties.

The information that I have delivered is true and accurate to the best of my knowledge.

I also acknowledge with this signature receipt of the Heights Crossing Assisted Living Consumer Information Disclosure Statement and Resident Rights.

Date

Signature of Applicant

Exhibit A 011108-HC

To email form please click here