Assisted Living
Application for Admission

Date_____

Name_____ Birth Date_____

Sex: ☐Female ☐ Male Social Security Number_____

Current Address_____

City_____ WI_____ Zip_____

Telephone Number_____ Email Address_____

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Single/Never married

Primary Care Physician_____ Phone Number_____

Will Physician follow your care at Water's Edge? ☐Yes ☐No

Does someone have Durable Power of Attorney for Health Care?

☐Yes ☐No Activated ☐Yes ☐No

If yes, please indicate: _____ _____
Name and Relationship Phone Number

Does someone have Durable Power of Attorney for Financial Matters?

☐Yes ☐No

If yes, please indicate: _____ _____
Name and Relationship Phone Number

Is there a Guardian appointed for the applicant? ☐Yes ☐No

Do you wish to have a pet on the premises? ☐Yes ☐No

Do you plan to have a vehicle on the premises? ☐Yes ☐No

How did you hear about Water's Edge Assisted Living?_____

Please answer the following questions by checking the appropriate box:

Activity of Daily Living	Independent	Need a little help	Need a lot of help	Comments
Dressing				
Transferring				
Toileting				
Eating				
Cooking				
Bathing				
Medication				

Please list in order of preference persons you wish to designate as contacts:

1. _____ _____
Name Relationship

_____ _____
Address Primary Phone Number

_____ _____
City/State/Zip Alternate Phone Number

2. _____ _____
Name Relationship

_____ _____
Address Primary Phone Number

_____ _____
City/State/Zip Alternate Phone Number

3. _____ _____
Name Relationship

_____ _____
Address Primary Phone Number

_____ _____
City/State/Zip Alternate Phone Number

Statement of Financial Condition

Monthly Income:
Social Security: . . . . . $ _____
Pension: . . . . . $ _____
Interest: . . . . . $ _____
Other Monthly Income (Indicate source):
_____ $ _____

Total Monthly Income: ($ _____)

Assets (Approximate Fair Market Value)

Savings & Checking Account(s) . . . . . $ _____

Stocks/Bonds . . . . . $ _____

Certificates of Deposits . . . . . $ _____

IRA . . . . . $ _____

Mutual Funds . . . . . $ _____
Real Estate (assessed value):
Primary Residence . . . . . $ _____

Other . . . . . $ _____
Other Assets (please describe)
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____

Total Asset Value: ($ _____)

Liabilities (Loans, Mortgages, Insurance Premiums, Pharmaceuticals, Medical Expenses, Credit Cards):

Type	Amount Owed	Payment Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Deposit Information:

★ $500 deposit required

★ Non refundable (only refunded if the assessment determines applicant is not a candidate)

★ Upon moving in the deposit is applied to the security deposit

☐ Check (payable to Water's Edge)

☐ Cash (stop by the Business Office)

☐Credit Card or ☐Debit Card (Only Visa and MasterCard Accepted)

☐Visa ☐MasterCard

Card #_____

Expiration Date_____ 3 Digit Security Code _____

Name as it appears on the card _____

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. Completion of this application does not guarantee admission. Prior to admission a comprehensive assessment will be done by the Director and RN Care Coordinator.

_____ _____

Applicant Signature Date

_____ _____

Director Signature Date

Office Notes: