

Loving Touch Elderly Assistant Care
280 East Sterne Blvd., Denver, CO 80122
720-629-4470

Pre-Application for Residency

Thank you for your interest in residency at Loving Touch Elderly Care Assisted Living community. Please complete and return this application to 280 E. Sterne Blvd., Littleton, CO 80122. All information will be kept confidential. Upon receipt of your completed application, a member of our staff will contact you.

General Information General Information — Please print or type

Name _____
Social Security # _____
Address _____
City _____ State _____ Zip _____
Phone _____
Birthday _____ Place of Birth _____ Gender: Male ___ Female ___
Primary Insurance (provider & policy #) _____
Secondary Insurance (provider & policy #) _____
Primary Language _____
Secondary Language _____
Marital Status: Married ___ Single ___ Widow/er ___ Divorced ___ Separated ___
Current or former occupation _____
Is there anyone helping you with your application? If so, may we contact them? Yes ___ No ___
Name _____
Relationship _____
Address _____
Phone _____

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 ___

Name of Facility: _____ Location: _____

Daily Living— Please print or type

How do you enjoy spending your time? _____

What hobbies do you have? _____

Please use an "X" to describe yourself in the following areas:

TASK	Some Assistance	Full Assistance	Comments
------	-----------------	-----------------	----------

Preparing Meals _____

Eating _____

Housekeeping _____

Laundry _____

Bathing _____

Finances _____

Shopping _____

Transportation _____

Dressing _____

Walking _____

What other assistance do you feel you need? _____

What special equipment or devices do you require? _____

Medical and Insurance Information

Physician's Name _____ Phone #(_____) _____

Address _____ City _____ State _____

Zip _____

What medical/health problems do you have? _____

What medications are you taking at the present time? _____

Do you require assistance/reminders to administer your medication(s)? Yes ___ No ___

Do you require assistance with a special diet or eating? Yes ___ No ___ (describe) _____

Do you smoke? Yes ___ No ___

Please list all your medical insurances, including supplemental and long term care _____

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I understand and agree that this application is neither a contract nor a reservation for residence. Nothing contained in this document obligates or entitles me to an apartment at the VNA Assisted or Senior Living Communities until a Resident Agreement has been signed by all parties involved.

Signature of Applicant _____ Date of Application _____

(Completion of this section is voluntary)

In order to help us carry out our responsibilities under applicable Fair Housing Laws, we ask that you identify yourself by one

of the following designations: (Please circle only one)

White African-American Asian Latino Native American Eskimo Other _____

Prospective Residential Financial Information

Please complete this form and return it with your application. All information will be kept confidential.

Name _____

Date _____

Income

Social Security: gross monthly \$ _____

Pension: \$ _____

Company _____

Address: _____

Annuity: \$ _____

Company _____

Address: _____

Trust Account: \$ _____

Company _____

Address: _____

Approximate Total Value: \$ _____

Real Estate Real Estate (within last 5 years, in applicant's name, joint ownership, or trust)

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Location: \$ _____ City _____
State _____
Mortgage: \$ _____ Rental Income: \$ _____
Location: \$ _____ City _____
State _____
Mortgage: \$ _____ Rental Income: \$ _____
Approximate Total Value: \$ _____

Bank Accounts Bank Accounts (within last 5 years, in applicant's name, joint ownership, or trust)

Bank: _____ Type of Account: _____
Acct #: _____
Address: _____
Current Balance: \$ _____
Bank: _____ Type of Account: _____
Acct #: _____
Address: _____
Current Balance: \$ _____
Bank: _____ Type of Account: _____
Acct #: _____
Address: _____
Current Balance: \$ _____

Assets (within last 5 years, in applicant's name, joint ownership, or trust) Annual Income

Cert. Of Deposit – Bank: _____ Account # _____
Address: _____
Cert. Of Deposit – Bank: _____ Account # _____
Address: _____
Cert. Of Deposit – Bank: _____ Account # _____
Address: _____
Stocks – Brokerage Firm: _____ Account # _____

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Address: _____

Bonds – Company: _____ Account # _____

Address: _____

Cash on Hand: _____

Long Term Care Insurance

Any long term care policies that cover Assisted Living or Supportive Services? Yes ___ No ___

If yes, list company and policy

#: _____

Amount Paid for Services: \$ _____

Any other sources of income: (Please describe)

Any debts, mortgages or other financial obligations that would affect the income assets:

Signature of Prospective Resident or Legal Representative

Date