



Edelweiss Village

Assisted Living by Deutsches Altenheim

Thank you for your expression of interest in residency at Edelweiss Village.

General Information

Resident Name _____

Social Security # _____

Co-Resident Name _____

Social Security # _____

Address _____ Town/City _____

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

Telephone where applicant can be reached _____

If someone is assisting you in considering Edelweiss Village, please give us contact information...

Name _____ Relationship _____

Address _____ Town/City _____

State _____ Zip Code _____ Telephone _____

How did you hear about Edelweiss Village? _____

Background Information

Birth Date _____

Birth City/State _____

Male _____

Female _____

Education:

High School _____

Other _____

Background Information (continued)

Occupations: _____

Membership in Organizations: _____

Recreational Interests and Hobbies: _____

Religious Affiliation: _____

Place of Worship: _____

Daily Living

Are there any problems or concerns that our staff should know about, or any special support you might need to live at Edelweiss Village? _____

Do you currently need someone (friend, relative or other person) to live with you? _____ (yes/no). If yes, who? _____ Reason for this need?

Do you currently need someone to assist you during the day? _____ (yes/no)
If yes, what type of assistance do you receive? _____

Daily Living (continued)

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

TASK	NO ASSISTANCE	MINIMAL ASSISTANCE	FULL ASSISTANCE
Housekeeping			
Laundry			
Bathing			
Dressing			
Grooming/Shaving			
Medication Reminder			
Escort/Mobility			
Night Care			
Shopping			
Transportation			
Getting in/out of the car			
Using a Telephone			

Primary Care Physician's Name _____

Address _____ Telephone _____

Hospital Affiliation _____

How would you describe your current health? _____Excellent _____Good
 _____Fair

How often do you see your doctor? _____

Do you use a cane, wheelchair or walker? _____(yes/no) Type _____

Are you on a special or restricted diet? _____(yes/no) Please describe

Daily Living (continued)

Do you own a car? _____(yes/no) Will you have a car if you move to Edelweiss Village _____(yes/no)

Have you made provisions for:

DNR _____ (yes/no)

Health Care Proxy ____ (yes/no)

If yes: Name _____ Relation _____

Power of Attorney ____ (yes/no)

If yes: Name _____ Relation _____

If you move to Edelweiss Village a copy of any/all provisions must be provided.

Medical Insurance Information

Please list all of your medical insurance coverage.

Medicare "A" Number	
Medicare "B" Number	
Med Ex Number	
Other	
Other	
Prescription Plan	
Dental Plan	

Financial Information

Please provide the following financial information. If there are two applicants, please give the total for both persons. A signed statement from a trust officer or other financial advisor setting forth substantially identical information to that requested below may be submitted in lieu of completion. Disclosure of applicant's entire estate is not required. Edelweiss Village

requires verification of applicant's finances for a time period of five years residency. All financial information will be kept confidential.

Financial Information (continued)

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
Rental Income	\$ _____ per month
Other	\$ _____ per month
Other	\$ _____ per month
Total Monthly Income	\$ _____ per month

Assets/Savings

Checking Account: _____

Savings Account: _____

Bonds: _____

Stocks/Investments: _____

Real Estate: (value of home less any outstanding mortgage balances)

Long Term Care Insurance _____ (yes/no)

If yes: Company Name _____

Length of Insurance Policy _____

Are any of the above assets held jointly? _____ (yes/no)

If yes please explain _____

Financial Information (continued)

It is your belief your income and assets will be adequate to meet your monthly fees _____ (yes/no) If no, please explain _____

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 Edelweiss Village or me unless and until all parties involved have signed a Residency Agreement.

Signature of Resident

Date of Application

Signature of Resident

Signature of Advisor

Signature of Edelweiss Village Staff Person

*This application is confidential

Once you have completed this application, please submit it to the Community Relations office. Once we receive the above, we will begin the process for residency – which includes a medical evaluation and securing financial documentation.