



# Application for Waitlist

## Waitlist Process:

- Fill out the Application for Waitlist and return to The Colonial Home. We require an application to be on file before admission.
- Your name is entered chronologically onto the Waitlist by the date you join.
- When a suite/ room becomes available, the first person on the list will be contacted and offered that accommodation.

This application will be part of the Residents Service Agreement and MUST be completed in its entirety. The Colonial Home and its extensions affords equal treatment and access to its facilities and services for all persons with our unlawful discrimination due to race, color, religion, sex age, national origin, ancestry, or disability. All information is held in confidence.

**An assessment is required for all assisted Living Residents prior to admission.**

Full Given Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Middle Last*

Current Address: \_\_\_\_\_

\_\_\_\_\_  
*City County State Zip Code*

Telephone #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Month / Day / Year*

### FINANCIAL DATA

*(The information supplied is kept strictly confidential)*

#### Monthly Income:

Social Security: \$ \_\_\_\_\_

Government Pension: \$ \_\_\_\_\_

Private: \$ \_\_\_\_\_

### MILITARY INVOLVEMENT

Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Spouse of Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch of Military Served:  
\_\_\_\_\_

Veteran of Foreign War where you served active duty during actual war time?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**The Colonial Home strives to inform the public in the best ways possible of its resources.**

**Please take a moment to check any of the following:**

I heard about The Colonial Home by: \_\_\_\_\_ friend \_\_\_\_\_ relative \_\_\_\_\_ website  
\_\_\_\_\_ own research \_\_\_\_\_ other

**FOR OFFICE RECORDS: Date Received:** \_\_\_\_\_ **Received By:** \_\_\_\_\_

**DEPOSIT MADE:** \_\_\_\_\_ Yes \_\_\_\_\_ No **Amount \$** \_\_\_\_\_

## CHILDREN / CLOSE RELATIVES OR FRIENDS

Do you have a legal guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No

### A Power of Attorney for health care/ medical decisions

Do you have a durable power of attorney for health care/ medical decisions?

\_\_\_\_\_ Yes\* \_\_\_\_\_ No \*Please attach a copy of the legal POAH document

Has it been activated by 2 physicians? \_\_\_\_\_ Yes \_\_\_\_\_ No

A Power of Attorney for financial decisions is responsible for making financial decisions based on the applicant's financial status. There is no personal liability to the POAF as far as the billing is concerned.

Do you have a durable power of attorney for financial decisions? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\* Please attach a copy of the legal POAF document

<i>Name / Relationship</i>	<i>Address</i>	<i>Telephone Numbers</i>
1.) _____	_____	(____) _____ Home
		(____) _____ Cell
E-mail address _____		
2.) _____	_____	(____) _____ Home
		(____) _____ Cell
E-mail address _____		

## INSURANCE INFORMATION

Medicare A #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Medicare B #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Medicare DOES NOT pay for Assisted Living costs. This is for informational purposes only.**

Do you have Long Term Care Insurance? \_\_\_\_\_ yes \_\_\_\_\_ no  
Does it cover Assisted Living (enhanced housing)? \_\_\_\_\_ yes \_\_\_\_\_ no  
What is the daily rate? \$ \_\_\_\_\_

Name and Policy #: \_\_\_\_\_

**\*Note- please include ALL insurance information. Bring in cards when submitting application so copies can be made of both front and back of cards. This will be kept confidential.**

## GENERAL PREFERENCES

Attending Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Dentist: \_\_\_\_\_

Any physical, medical, or personal concerns / needs of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently use tobacco / smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No