

# CONCORD PARK



DISTINCTIVE INDEPENDENT & ASSISTED LIVING  
SPECIAL CARE PROGRAM FOR MEMORY LOSS & ALZHEIMER'S

## APPLICATION FOR RESIDENCY

### General Information

Applicant Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? \_\_\_\_\_ years

Telephone where applicant can be reached \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female

Current or former occupation or profession \_\_\_\_\_

Contact information on the person assisting you as you consider Concord Park (if applicable):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phones \_\_\_\_\_

Email address \_\_\_\_\_

What is your anticipated move-in date? \_\_\_\_\_

What is your preferred apartment? \_\_\_\_\_ Studio \_\_\_\_\_ Companion Suite \_\_\_\_\_ One-Bedroom

### Current Living Situation

Do you rent or own your own home? \_\_\_\_\_ Rent \_\_\_\_\_ Own

Is home listed in applicant's name? \_\_\_\_\_ Yes \_\_\_\_\_ No

What type of housing do you live in? \_\_\_\_\_ Apartment \_\_\_\_\_ Single Family \_\_\_\_\_ Multifamily \_\_\_\_\_ Condo

\_\_\_\_\_ Other (please describe) \_\_\_\_\_ Current monthly rental rate \_\_\_\_\_

Name of Landlord/Owner/Manager \_\_\_\_\_ Telephone \_\_\_\_\_

Are you considering other housing alternatives? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, which ones? \_\_\_\_\_

Do you own an automobile? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you drive yourself regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you intend to maintain a car? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Daily Living

Are there any problems or concerns which our staff ought to be aware of, or any special support you might need to live in our community? \_\_\_\_\_

Do you require someone (friend, relative or other person) to live with you at the present time?

If so, who? \_\_\_\_\_ Reason for this need? \_\_\_\_\_

If not, do you require someone to assist you during the day? \_\_\_\_ Yes \_\_\_\_ No

If yes, what type of assistance do you receive? \_\_\_\_\_

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

Task	No Assistance Needed	Minimal Assistance Appreciated	Full Assistance Needed
Housekeeping			
Laundry			
Bathing			
Meal Preparation			
Budgeting			
Shopping			
Transportation			
Dressing			
Medication Reminders			
Escort/Mobility			
Night Care			
Shaving/Grooming			

## Healthcare Information

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

How would you describe your present state of health? \_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Fair

How often do you see your doctor? \_\_\_\_\_ When was your last visit? \_\_\_\_\_

Do you use any assistance such as a cane, walker or wheelchair? \_\_\_\_ Yes \_\_\_\_ No Type \_\_\_\_\_

Are you on a special or restricted diet? \_\_\_\_ Yes \_\_\_\_ No Please describe \_\_\_\_\_

Do you smoke? \_\_\_\_ Yes \_\_\_\_ No

## Medication and Insurance Information

Are you on any medications at the present time? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list the medication(s) and condition(s) being treated:

Medications \_\_\_\_\_ Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all of your medical insurance coverage, including Medicaid and supplemental insurance:

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

Do you have long-term care (LTC) insurance? \_\_\_\_ Yes \_\_\_\_ No

If yes, what is the name of your LTC insurance company? \_\_\_\_\_

## Financial Information

Please provide the following financial information (this information will be kept confidential):

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
Support from Family	\$ _____ per month
Rental Income	\$ _____ per month
Other	\$ _____ per month
<b>Total Monthly Income</b>	<b>\$ _____ per month</b>

What are your assets/savings? \_\_\_\_\_

What is the approximate value of your home? \_\_\_\_\_

The Veteran's Administration offers financial assistance to pay assisted living expenses for eligible Veterans of Foreign Wars and/or their spouses. Are you and/or your present/former spouse a U.S. Veteran of a Foreign War? \_\_\_\_ Yes \_\_\_\_ No

Is there any additional information we should be aware of when reviewing your financial resources?

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

## How Did You Hear About Our Community?

Often people hear about Concord Park through several avenues. Please check all that apply.

Promotional Vehicles	Check all that apply	Please Provide Details (circle or write in answer)
Newspaper Ad		Which newspapers?
Mailing to Your Home		Postcard, invitation, survey?
Event at Concord Park		Which event?
Poster Promoting an Event		Where did you see the poster?
Presentation / Exhibit		Where?
Internet		Our website: <a href="http://www.seniorlivingresidences.com">www.seniorlivingresidences.com</a> <a href="http://Voamass.org">Voamass.org</a> • <a href="http://MassALFA.org">MassALFA.org</a> <a href="http://seniorhousingnet.com">seniorhousingnet.com</a> • Other?
Referral / Word of Mouth		Relative, friend, professional, local organization?
Drove By / Saw our Sign		
Yellow Pages		Verizon book or small community book?
Directory of Assisted Living Communities		Which directory?
Radio or TV		Which station?

**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 me or Concord Park unless and until a Residency Agreement has been signed by all parties involved.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

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A Nonprofit Community Established by

