



ONLINE APPLICATION FOR RESIDENCY

Thank you for considering Villa Raffaella Assisted Living. To apply for residency, please complete the following questionnaire, sign and return it to the Executive Director or Marketing Director. Please take the time to complete all questions. All information will be held in confidence.

Date: _____

Prospective Resident Information

Name: _____
Last First MI

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Social Security Number: _____

Sex: Male Female Marital Status: Single Married Widowed Date of Birth: _____

Medicare: _____ Part A _____ Part B _____ Medicaid: _____

Other Insurance: _____ Policy Number: _____

Do you have a POA? Yes No Legal Guardian? Yes No Name: _____

Anticipated Move-In Date: _____

Information About Resident's Responsible Party (if applicable)

Name: _____
Last First MI

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____
Home Work

Relationship to Resident:

How did you hear about Villa Raffaella? (Check all that apply)

- Personal Referral (Who?) _____
- Professional Referral (Who?) _____
- Discharge Planner (What hospital?) _____
- Physician (Who?) _____
- Newspaper/Magazine Advertisement
- Yellow Pages
- Mailing/Brochure
- Professional Referral
- Other (Specify) _____

What other options, if any, did you consider? Check if none, otherwise specify below...

Resident's Personal Care Needs

Do you/does the potential resident:

Have a contagious disease (such as tuberculosis) or a medical problem requiring frequent doctor visits (such as heart disease or kidney failure)? Yes No

If so, what disease, medical problem or chronic illness? _____

See well enough to get around? Yes No

Need supervision in daily activities such as bathing, dressing, and grooming? Yes No

How much trouble do you/does the resident have with:

	None	Some	A lot
Walking without assistance?	_____	_____	_____
Managing incontinence?	_____	_____	_____
Dining/eating?	_____	_____	_____
Skin breakdown, rashes, etc.?	_____	_____	_____

Have a diagnosis of Alzheimer's Disease or related disorder? Yes No

If yes, what is the specific diagnosis? _____

If no, have you/has the potential resident been evaluated for confusion/memory loss by a doctor? Yes No

If yes, what did the doctor say? _____

Financial Information

If funds other than those of the potential resident's will be used to pay for the cost of care, please indicate the name(s) of the person(s) who will be financially responsible {guarantor(s)}. (While a guarantor is not required for move-in, Villa Raffaella does require that a source of payment be identified to pay for the resident's care).

Guarantor/Relationship	Address	Telephone Number

To process your application, the following information is needed. The information is confidential and allows us to assist you in your long-term planning. The financial data should be that of the potential resident and/or guarantor(s). All income and amounts listed, whether under the Potential Resident or Guarantor section, must either be owned by the potential resident or, in fact, be available to the resident to pay for the stay at Villa Raffaella.

	<u>POTENTIAL RESIDENT</u>	<u>GUARANTOR (IF ANY)</u>
TOTAL MONTHLY INCOME (Salary, Social Security, IRA, etc.)	\$ _____	\$ _____
TOTAL ASSETS (Cash, stocks, trust, property, etc.)	\$ _____	\$ _____
TOTAL LIABILITIES (Mortgage, Credit Cards, Loans, etc.)	\$ _____	\$ _____
NET WORTH = ASSETS – LIABILITIES	\$ _____	\$ _____

I hereby warrant and represent that the information provided is accurate and complete. I understand that Villa Raffaella will rely upon the accuracy and completeness of the above financial information in making a move-in decision. I also understand that if any of the information is not accurate or not complete, Villa Raffaella will have detrimentally relied upon the above financial information and will suffer financial loss and harm. The assets listed are, in fact, available to the Resident to pay for the Resident's care.

Resident's or Responsible Party's Signature _____
Date

Guarantor's Signature _____
Date

VILLA RAFFAELLA AUTHORIZATION	
Reviewed By:	
_____ Marketing Director's Signature	_____ Date
_____ Executive Director's Signature	_____ Date

Villa Raffaella

A Senior Assisted Living Community

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Visit us at www.VillaRaffaella.com