Application for residency

All programs and services will be made without regard to race, color, creed, gender, national origin or other unlawful grounds.

The undersigned hereby applies for admission as a resident to Hilltop Grand Village Inc. and agrees, if admitted, to comply with all applicable policies and procedures. This document is confidential.

Please complete this form and mail to: Hilltop Grand Village Inc., P.O. Box 241, Wisconsin Rapids, WI 54495, or drop it off at the Hilltop Home Care Inc. office, 3930 8th St. S., Suite 104, Wisconsin Rapids.

Personal information

Date_____

Applicant's name_____

Date of birth_____Age_____

Current address_____

Years at this address_____

Home ownership (circle one) Own Rent Other

Phone number(s)_____

Marital status (circle one) Married Widowed Divorced Single

Military veteran (circle one) Yes No Military veteran spouse (circle one) Yes No

Will two people occupy the same apartment? (circle one) Yes No

If yes, what is their relationship?_____

Does the applicant have an activated power of attorney or guardian? (circle one) Yes No

If yes, name_____

Address_____

Telephone_____

State regulations only allow someone with an activated power of attorney or guardian to live at Hilltop Grand Village if he or she lives with the POA or guardian.

Are you a current driver? (circle one) Yes No

Do you plan to bring a vehicle to Hilltop Grand Village? (circle one) Yes No

Do you have a pet you wish to bring to Hilltop Grand Village? (circle one) Yes No

If yes: Type_____ Age_____ Breed_____

Description_____ Veterinary clinic_____

Which apartment style do you wish to occupy? (number first and second preference)

☐ Studio ☐ Standard one-bedroom ☐ Large one-bedroom

☐ Luxury large one-bedroom ☐ Preferred two-room suite ☐ Premier two-bedroom suite

Do you require an ADA-compliant apartment? (circle one) Yes No

Person responsible for monthly payments. Is this person financial power of attorney? Yes No

Name_____

Address_____

Telephone_____

List clubs, organizations, church-related or social, to which you belong; list hobbies and interests

_____

_____

_____

_____

_____

Religion_____

Clergy_____

Church/temple_____

Telephone_____

Health information

Physician name_____

Clinic_____ Telephone_____

Rate your general health (circle one) Good Average Fair Poor

Do you smoke? (circle one) Yes No

Health information continued

Current health issues/recent surgeries or hospitalizations_____

_____

_____

_____

_____

Medications, including non-prescription drugs_____

_____

Allergies_____

_____

Special diet requirements_____

_____

Do you use the following? (circle all that apply)

Hearing aids	Dentures	Glasses
Cane	Wheelchair	Contacts
Walker	Prosthetic device	

Do you require assistance? (circle all that apply)

Dressing	Bathing	Grooming
Meal preparation	Housekeeping	Medication
Transportation	Grocery shopping	Personal laundry
Walking	Overnight assistance	Shopping
Accompany to appointments	Other	

Do you receive services from a community agency or private person? If yes, from whom and how often?

_____

_____

_____

_____

Income information

Monthly income

Social Security	$_____
Employment/pensions	$_____
Other	$_____
Total fixed monthly income	**$_____**
Assets	
Cash (savings/checking)	$_____
Real estate	$_____
Other	$_____
Total assets	**$_____**

Insurance information

Medicare number_____

Are you receiving public funding (such as CCCW? (circle one) Yes No

Do you have long-term care insurance? (circle one) Yes No

Long-term care insurance_____

Supplemental insurance company_____

Supplemental policy number_____

Insurance contact name_____ Telephone_____

Certification

I represent that each and every statement is true and that I have not withheld any information requested herein. I understand any misrepresentation, concealment or omission may result in disqualification. I understand that Hilltop Affiliates Inc. may contact my doctor for further information concerning my medical history. I understand this information is confidential and will be used to process my application to determine by eligibility for residency. I understand this application is not a contract or apartment hold. Nothing contained herein is binding on either party until an admissions agreement has been signed by the parties. The fee to process this application for residency is $250, non-refundable.

_____

Applicant's signature **Date**