



## 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

<b>VILLA RAFFAELLA AUTHORIZATION</b>	
Reviewed By:	
_____	_____
Marketing Director's Signature	Date
_____	_____
Executive Director's Signature	Date

# Villa Raffaella

*A Senior Assisted Living Community*

915 South Main Street

Pleasantville, New Jersey 08232

Phone: (609) 645-9300 Fax: (609) 645-9600

Visit us at [www.VillaRaffaella.com](http://www.VillaRaffaella.com)