

APPLICATION FOR RESIDENCY

Thank you for your expression of interest in residency at The **Elizabeth Calsey House/Elizabeth Calsey House @ Lion's Mouth Road**. When application is completed please return to **E.C.H.**. There is a \$1,000 Administrative/Assessment fee due upon completion of the Residency Agreement. This fee is not a deposit of any kind and is not applied toward any charges in connection with residency at **E.C.H.**

Thank You.

Date of Application: ___/___/___/

GENERAL INFORMATION

Applicant Name: _____ Social Security #: _____

Address: _____

Phone: _____ Marital Status: (circle one) Married Single Widow/er Divorced

Birth Date: ___/___/___ Birth Place: _____ Gender: Male/Female

Contact Information:

Name: _____

Address: _____

Phone: _____ Relationship _____

Email: _____

How did you hear about **E.C.H.**? _____

What is your anticipated move-in date? _____

What type of room are you interested in? (circle one) Single / Companion

CURRENT LIVING SITUATION

Do you own your home, or rent? _____ Own/Approximate Value: _____

What is your approximate monthly income? _____ Assets/Savings: \$ _____

Do you require someone to live with you at the present time? If so, who? _____

Reason for need? _____

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

If yes, reason for visit? _____

HEALTH CARE INFORMATION

Primary Care Physician's
Name: _____

Address: _____ Phone _____

Hospital Affiliation: _____

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

DAILY LIVING

Do you need assistance with: (check all that apply)

___ Bathing ___ Dressing ___ Shaving/Grooming

___ Medication Reminders ___ Housekeeping ___ Laundry

___ Toileting ___ Escort/Mobility ___ Night Care

Do you have any health or medical concerns you wish to share with us?

What are your personal interests?

I understand and agree that this application is neither a contract, nor a reservation for residency. Nothing contained in this document obligates or entitles me to a room at the **Elizabeth Calsey House** until a Residency Agreement has been signed by all parties involved.

Signature of Applicant/Representative

MOVE-IN/MOVE-OUT IS SCHEDULED BETWEEN 9 A.M. AND 3 P.M. MONDAY THROUGH FRIDAY UNLESS OTHERWISE GRANTED.

APPLICATION FOR RESIDENCY INFORMATION SHEET

APPLICANT: _____ D.O.B. ____ / ____ / ____ /

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PRACTITIONER

DIAGNOSIS: _____

COGNITIVE STATUS: _____

PSYCHOSOCIAL ASSESSMENT: _____

LIST OF CURRENT MEDICATIONS:

I feel that the above mentioned applicant would be appropriate for the Assisted Living environment at the Elizabeth Calsey House.

Physician's Signature: _____ **Date:** ____ / ____ / ____ /

**If you have any questions please call Elizabeth Calsey House
phone #978-388-0293 fax #978-388-5308
or
Elizabeth Calsey House @ Lion's Mouth Road
Phone #978-388-3752 fax #978-388-4146**