

**APPLICATION FOR RESIDENCY
PARK HOUSE**

Name _____ **Telephone** _____

Street

Town/City _____ **State** _____ **ZIP** _____ **Birthdate** _____ **Age** _____

Marital Status: __ Single __ Married __ Widowed __ Divorced
If married, name of (Husband) (Wife) _____

How many living children do you have? _____

How many grandchildren do you have? _____

Nearest Living relatives: (use other side of application as needed)

Name	Relationship	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you designated a Power of Attorney? _____

If yes, who is that? _____

If you are from outside the White River Valley area, do you have friends or acquaintances in this area? _____

If yes, who are they? _____

Organizations of which you are currently a member:

Occupations - Present and Past

Education - Schools Attended

Special Interests - What activities are important to you? Explain below:

- | | |
|--|---|
| <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Playing a Musical Instrument |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Sports Activities |
| <input type="checkbox"/> Watching Television | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Organization Memberships |
| <input type="checkbox"/> Social Activities | <input type="checkbox"/> Church/Religious Activities |
| <input type="checkbox"/> Playing Cards/Games | <input type="checkbox"/> Other: _____ |

Explanation (s) _____

What is your daily routine?

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, provide details of the crime: when, where, place: _____

Have you experienced any problem in the past in your ability to pay rent or your ability to respect the rights and property of others? _____ Yes _____ No

If yes, provide details: _____

Landlord References: List three (3) landlords

Name	Address	Telephone	Dates Lived There	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal References: List three (3)

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Case of Emergency, contact:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Statement of Income:

Monthly Social Security \$ _____

Retirement Income ___ Yes ___ No \$ _____ Monthly \$ _____
Annual

Interest Income ___ Yes ___ No \$ _____ Monthly \$ _____ Annual

Occupancy:

If accepted, I wish to move in on _____, or when a room becomes available.

I understand that at such time that my residency at Park House is terminated, all of my personal property will be removed from Park House within 7 days. All applicable fees will be paid until such time that my room is fully vacated and all of my possessions are removed from the building. All medications will be removed from Park House immediately. In the event that medications or other belongings remain beyond the specified time periods, I understand that they may be boxed and stored elsewhere. I further understand that storage or disposal fees may result.

Date _____ Signature _____

HEALTH AND MEDICAL INFORMATION
(To Be Completed With Your Physician)
(Form Must Accompany PARK HOUSE Application)

Name _____ Date _____

Date of Birth _____ Physician's Name _____

When applying for residency at PARK HOUSE, it must be understood that Park House does not offer Medical **OR** Nursing Care. Residents are free to go out of Park House and return at their own discretion.

Park House does not administer or take possession of residents' medications. However, it is required that the attached Valley Rescue Squad "Vial of Life" emergency form be completed in detail.

If a resident's medical condition changes significantly, he/ she must ask his/her doctor to re-evaluate the resident's ability to continue living independently at Park House.

Medical Tests completed during the past 12 months:

Test	Date	Doctor	Comments
Physical	_____	_____	_____
Eye Exam	_____	_____	_____
Hearing Test	_____	_____	_____
Dental Exam	_____	_____	_____
Other	_____	_____	_____

Hospitalizations during the last 5 years:

Date	Doctor	Hospital	Reason
_____	_____	_____	_____
_____	_____	_____	_____

BP _____ Date _____ Weight _____ Date _____

Comments: _____

Use of ALCOHOL _____

Does Applicant SMOKE? _____ If Yes, how much? _____

For Health and Safety: Smoking is not permitted on the Park House property

EXERCISE Does applicant exercise? _____ Yes _____ No

What type? _____

How often? _____

*****DIET** Is applicant on a special diet? _____ Yes _____ No

If yes, prescribed by Dr. _____

Type and description of _____

*****Park House will not be responsible for residents who do not or will not follow, of their own free will, their prescribed diet. Meals are prepared to suit the tastes and health of the household as a whole.**

Indicate if you have any of the following problems:

- | | | |
|--|-------------------------|--------------------|
| ___ Heart Disease | _____ | _____ |
| ___ High Blood Pressure | ___ Memory Loss | ___ Mental Illness |
| ___ Diabetes | ___ Parkinson's Disease | ___ Incontinence |
| ___ Seizures | ___ Multiple Sclerosis | ___ Alzheimer's |
| ___ Arthritis | ___ Stroke | ___ Alcoholism |
| ___ Indigestion | ___ Cancer | ___ Dizziness |
| ___ Visual Impairment | ___ Hearing Impairment | ___ Blackouts |
| ___ Kidney Malfunction | ___ Physical Impairment | |
| ___ Getting Up Frequently during the Night | | |
| ___ Other _____ | | |

Does applicant experience any of the following symptoms or concerns?

- | | | |
|----------------------------|------------------------|------------------------------|
| ___ Feeling tired quickly | ___ Family Problems | ___ Crying Spells |
| ___ Trouble concentrating | ___ Frequent Sadness | ___ Nervousness |
| ___ Excessive Worry | ___ Numerous Fears | ___ Feeling of worthlessness |
| ___ Concern about Marriage | ___ Financial Problems | ___ Increased Tension |
| ___ Frequent Lonely Spells | | |

Physician:

I understand my patient is considering residence at Park House. I have reviewed, with my patient, the medical form and feel that he/she is of sound mind and sound body and, therefore, would be a candidate for Park House, a shared housing facility.

Signature _____ Date _____

Address _____

Telephone _____

Applicant for Residency:

Concerning my application for residency at PARK HOUSE, I give Park House permission to contact my physician and give my physician permission to release information as needed. I fully understand that Park House is set up to provide for the needs of independent people.

Name _____

Address _____

11/07

The Valley Rescue Squad's "Vial of Life" emergency form must be completed in detail with any relevant attachments and submitted with all applications for residency. This form must be updated semi-annually and whenever the information changes.

11/07

OUTSIDE CAREGIVER FORM

If a Park House resident employs caregivers either privately or through a state program, this form must be submitted to Park House. The information on this form must be updated as necessary.

The following is a list of caregivers I have hired to help me. They will be in Park House frequently. I have explained to them that they must sign in and out of the building. I have also reviewed page 8 of the Park House application packet with them (additional copies are available). I will keep this list updated.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Resident Signature

Date

In order that I will not be burdened with the responsibility of managing my care, I have arranged for the following person to take care of this for me.

Name	Address	Phone Number
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