

The Ridges of Lodi Memory Care

The Ridges of Lodi Reservation for Residency and Application Fee

The Ridges of Lodi welcomes you to our facility. You have reserved unit #

_____. Received from _____, a submitted application fee of \$ _____, which will be applied to the first month's rent at The Ridges of Lodi, 215 Dale Drive, Lodi, WI 53555 with the following conditions agreed upon between yourself/POA and The Ridges of Lodi:

1. Your unit is reserved for your occupancy to commence within thirty days of receipt of the application fee.
2. Your acceptance for admission is contingent upon your successful completion of the "Pre-Admission Health Examination form" (health status), the "Risk Agreement form", the "Service Agreement form", the "Comprehensive Health Assessment form" and the "Financial Review" process. These steps are important because they will establish your eligibility for admission under the State of Wisconsin regulations for Assisted Living (HFS-83), your level of personal supportive care both you and The Ridges of Lodi jointly agree upon (this will establish the actual monthly rate you will be charged at the start of your coming to live at The Ridges of Lodi Residences). It also identifies to yourself and The Ridges of Lodi that you have sufficient funds to meet your financial obligations for at least a two-year residency at Brolen Park.
3. If you change your mind within the thirty-days (30) of this application fee or if the assessments and reviews mentioned above do not indicate you are best served at The Ridges of Lodi or that you do not meet the state statutes, your entire fee will be refunded to immediately.
4. In order to accomplish the above assessments and reviews, an appointment will be made to establish a date and time for the process to be completed.
5. An appointment has been agreed upon to accomplish the above.
6. Pertinent services are discussed in the Service Plan and Fee Schedule, Optional Services Available for an Additional Fee and the Unit Rental Schedule. Also, a copy of the residency agreement has also been provided to you.

Agreed upon this _____ day of _____, 201 _____

By: _____

Resident/POA: _____
Print name

The Ridges of Lodi
Representative:

Resident/POA: _____
Signature

Signature

Phone #: _____

Title _____