

The Ridges



Of Lodi

Application for Residency

Today's Date: _____

Name _____

Address _____

City/State/Zip _____

Phone _____ Date of Birth ____/____/____ Sex _____

Social Security Number _____

Insurance Coverage & Policy # _____

(Please include copies of insurance cards)

Current Residence: ____ Own Home ____ Rent How Long at current residence? ____

Monthly Rent or Mortgage Payment \$ _____

Personal Assessment of Health & Needs:

How do you rate your health? ____ Good ____ Fair ____ Poor

What are your medical concerns? _____

Durable Power of Attorney: ____ Yes ____ No Activated? ____ Yes ____ No

Durable Power of Attorney for Health Care ____ Yes ____ No Activated? ____ Yes ____ No

Primary Physician: _____ Phone _____

Primary Contact Person:

Name: _____

Address: _____

Phone Number: _____ Relationship to Resident: _____

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Preferences:

Hospital: _____

Dentist: _____

Nursing Home: _____

Funeral Home: _____

Own and operate an automobile? ____ Yes ____ No Parking needed? ____ Yes ____ No

Special Dietary Needs:

Interests, Hobbies, Activities, Talents:

Financial Information

Annual Gross Income \$ _____

Social Security \$ _____ Pensions \$ _____ Investments \$ _____

Assets (required only if Gross Income does not support rental/service fees)

Property Market Value \$ _____ Savings Accounts \$ _____ Other \$ _____

Bank References: _____



I understand that I must be 55 years of age or older and must be able to live at The Ridges of Lodi.

I authorize The Ridges of Lodi to contact anyone listed above for purposes of verifying information or for credit references.

Completed by: _____
(Print Name) (Signature)

Date: _____

Please return Application and all other materials to the The Ridges of Lodi Administrator. Thank you for applying for residency at The Ridges of Lodi. We will make every attempt to honor all of your wishes and make your life with us as pleasant as possible for both you and your loved ones.