



RESERVATION FORM

Date: _____

Resident's Name: _____

Power of Attorney (if applicable): _____

The Ridges of Lodi Address: _____ Suite: _____ Lodi, WI 53555

Reservation Fee: \$500.00 (Payable to The Ridges Memory Care, LLC)

The following conditions are agreed upon to reserve the unit specified above at The Ridges of Lodi:

1. Successful completion of the Comprehensive Assessment, Application for Residency, Initial Health Assessment, and the Financial Review Process to determine acceptance for admission. These items will establish the eligibility for admission under the State of Wisconsin regulations for Assisted Living. It will also identify that sufficient funds are available to meet the financial obligations for at least one year of residency at The Ridges of Lodi.
2. Successful completion of the Lease and Resident Services Agreement, Individual Care Plan, and Risk Agreement. This will establish the actual monthly rate to live at The Ridges of Lodi.
3. Occupancy to commence within thirty (30) days of acceptance to The Ridges of Lodi and of unit availability.
4. The reservation fee will be applied to your first month's rent. If for any reason you change your mind prior to moving into The Ridges of Lodi, the entire reservation fee will be non-refundable.
5. If the assessments or reviews mentioned above indicate you are not best served at The Ridges of Lodi or you do not meet the state statutes, the entire reservation fee will be refunded within thirty (30) days.

Applicant or Power of Attorney's Signature

Agent for The Ridges Memory Care, LLC

Print Name

Print Name