Don't staple the pages of this application together!

- 1. Some providers scan the application, and if you staple, that means removing staples from 1000 applications every week or month.
- 2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in theway.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:



🕨 ATTN: WAITLIST ADMINISTRATOR 🛑



Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks - we will immediately update your information! See fax number below.

0	This particular waitlist is closed: At present, our only open waitlists are:

O This is not the correct application. The correct application is a

Your position or title at this housing program:

Your signature:

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



DO NOT LEAVE ANY QUESTION UNANSWERED!

HEAD OF HOUSEHOLD'S FIRST NAME						
HEAD OF HOUSEHOLD'S <u>COMPLETE</u> MIDDLE NAME						
HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)						
YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD						
ISWER THIS: O Yes O No Does the HoH have a Social Security Number? If "Yes" you must provide the full SSN!						
HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER OF HOUSEHOLD'S DATE OF BIRTH OF GENDER						
ETHNICITY O RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial						
REQUESTED ACCOMMODATIONS Fill in the circle for anything you need: O Fully Accessible Wheelchair Unit O Blind Accessible Unit O Need an Interpreter O No-Steps unit (elevator to any floor) O Deaf Accessible Unit O Domestic Violence Victim O First-Floor unit only O Unit designed for Environmental Allergies						
HoH's CAREER STAGE O Employed O Unemployed O Retired O FT Student O PT Student						
PERMANENT MOBILE RENTAL ASSISTANCE, if any O I do not have mobile rental assistance O Mobile Section 8 voucher O MRVP O AHVP O VASH or similar						
CRIMINAL RECORD AND SEX OFFENDER Head of Household: Any Felony/Conviction? O Yes O No Other Members: Any Felony Convictions? O Yes O No Is anyone in HH subject to a lifetime sex offender registration in any state? O Yes O No						
ANY PETS? O Yes O No Describe:						
HOUSEHOLD SIZE AND COMPOSITION						
CURRENT HOUSING STATUS O Homeless O Housing Loss in 14 days O Homeless under other federal status						
O Homeless because Fleeing domestic violence O At risk of homelessness O Stably Housed						
BEST TELEPHONE NUMBER TO USE O SECOND TELEPHONE						
EMAIL ADDRESS						
WHERE YOU LIVE OR BACKUP ADDRESS						
BEST MAILING ADDRESS						
# BEDROOMS NEEDED? O SPECIAL CIRCUMSTANCES? (some programs may grant you priority status) O Disability O Elder O Veteran O Fleeing Domestic Violence O Rent-burdened Displaced by O Public Action O Sanitary Code O Natural Forces O Other						



APPLICATION

Thank you for your interest in our Youville Assisted Living Residence, a member of Covenant Health Systems. Youville is a private, not-for-profit residence that welcomes and accepts people of all races, cultures and religions. Please complete this application form and return it to Youville.

All information will be kept confidential.

SECTION ONE GENERAL INFORMATION Applicant's name Social Security number Permanent address State Zip Code City How long have you resided at this residence? Rent Own \square Cell: Telephone numbers Home: Place of Birth Date of birth Email Marital status Current or past occupation Religion In case of emergency, please notify: 2nd Contact: Name Name Relationship Relationship Address Address State Zip State City City Zip Phone/day: Phone/day: Night: Night: Cell: Email: Cell: Email: Will you bring an automobile to Youville? No \square Yes \square Automobile information: Make Model Color License plate # How did you hear about Youville Assisted Living? via the HousingWorks.net website Reason for seeking assisted living residency:

SECTION TWO HEALTH CARE

Physician's name:								
How long has she/he been your primary care physician	?							
Address City			State	Zip code				
Telephone () Fax ()							
Hospital affiliation City			State					
Have you ever been under the care of a psychiatrist?			☐ Yes	□ No				
Are you receiving other medical, nursing or support	services pres	ently?	□ Yes	□ No				
Please list agency or person and frequency per week:								
Agency				Frequency				
Home Health Services	□ Yes		□ No					
Homemaking	□ Yes		□ No					
Hospice	□ Yes		□ No					
Personal Care Services	□ Yes		□ No					
Adult Day Program	□ Yes		□ No					
Family	□ Yes		□ No					
Other	Yes		No					
Describe your current state of health:								
Are you currently taking any medications? Do you need assistance taking your medications? List medications and frequency:	□ Yes Yes		□ No No					
SECTION THREE MEDICAL INSURANCE INFORMATION List your medical insurance(s):								
Medicare Policy Type	Policy #							
Medicaid Policy Type	Policy #							
Medex Policy Type	Policy #		Other					
Do you have long term care insurance?	☐ Yes	□No						
Company	Policy #							
Have you prepared advanced health care directives?	•							
Health Care Proxy	□ Yes	□No	Name:					
Power of Attorney	☐ Yes	□No	Name:					
Guardian	☐ Yes	□No	Name:					
Conservator	☐ Yes	□No	Name:					
Other	□ Yes	□No	Name:					

SECTION FOUR HOUSING

With whom d	o you presently reside?			
□ alone	□ with family	☐ assisted living com	nmunity	□ other
Specify any ne	eeds or concerns you would l	ike staff to be aware	of:	
Describe any s	special adaptive devices that	you may need in you	r apartment:	
SECTION F	IVE OTHER			
Do you need a	assistance with any of the foll	owing?		
Cooking		□ Yes	□ No	
Housekeeping		□Yes	□ No	
Laundry		□ Yes	□ No	
Understanding	g fire safety procedures	□ Yes	□ No	
Financial matt	ers	□ Yes	□ No	
Shopping		□ Yes	□ No	
Transportation	1	□ Yes	□ No	
Bathing		□ Yes	□ No	
Dressing		□ Yes	□ No	
Preparation fo	r bed	□ Yes	□ No	
Transferring in	and out of bed/chair	□ Yes	□ No	
Walking		□ Yes	□ No	
Climbing stair	S	□ Yes	□ No	
Taking medica	ition	□ Yes	□No	
Toileting		☐ Yes	□No	
Incontinence		□ Yes	□ No	
Other				
Are you on a s	pecial diet? If yes, please des	cribe:		
Can you mana	nge appropriate food selectio	ns? ☐ Yes	□No	
Do you have a	ny allergies?	□ Yes	□No	
Do you smoke	e?	□ Yes	□No	
Please describ	e your hobbies, interests, etc	•		
	ne following section is optiona	•		ur responsibilities under
	aws, if you identify yourself by			
□White	☐ African American	☐ Asian American	□ Indian	□ Other

SECTION SIX FINANCIAL INFORMATION

Please complete the following information. This information will be kept in strictest confidence. **MONTHLY INCOME Total Annual Income =** Social Security (Gross monthly benefit) \$ \$ Pension \$ Other, please list \$ Total monthly income \$ Bank accounts Average Balance Bank \$ Bank \$ ADDITIONAL FINANCIAL RESOURCES Assets Approximate Capital Value Monthly Income from Assets Annuity \$ \$ \$ \$ Stocks \$ \$ Savings \$ \$ Trust accounts \$ \$ **CDs** \$ \$ **Bonds** Approximate Value Real estate in applicant's name or joint ownership Location \$ \$ Location ☐ Yes Long term care policies that cover assisted living services? \square No Policy number Company Any other source of income? Describe: Any debts, mortgages or other financial obligations that would affect your income or assets? As part of the application process you may be asked to submit the following: 1. Bank statements for the last twelve months 2. The last three years' tax returns The financial information included in this statement is true and is submitted in application for residency at Youville Assisted Living. I understand and agree that the foregoing application is not a contract or reservation for residence. Nothing contained herein is binding on either party until a Residency Agreement is signed by the parties hereto. I certify that the information which I have provided in this application is true and correct to the best of my knowledge and belief. Signature of applicant Date A member of our staff will contact you shortly to schedule an appointment to meet with you. You are encouraged to bring a family member or representative to any meeting at Youville. Date received at Youville **Initials**