

Date Received: _____

Amount \$/Check #: _____

Application for Residency at Lasata Crossings

A. Personal Information

Name: _____ SS# _____ Date of Birth: _____
(First, MI, Last) (Maiden Name)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Marital Status: _____ (married, widow/widower, never married)

Church Affiliation? Yes ___ No ___ Name of Church _____

Do you have a funeral trust? Yes ___ No ___ Funeral Home _____

Years of residency (as an adult) in Ozaukee County: _____

Out of County Applicants: If you do not meet the residency requirement (currently living in Ozaukee County for at least 1 year), indicate the name and address of an immediate relative who does meet the residency requirement:

Name: _____ Relationship to Applicant _____

Address: _____ # of years in Ozaukee County _____

B. Social History

Your profession or occupation before retiring _____

What are your hobbies? _____

Were you in the military service? Yes ___ No ___ If so, what branch? _____

Do you belong to a Veterans organization? (American Legion, VFW, AMVETS etc.) Yes ___ No ___

If so which organization? _____

Name

Location

C. Medical Information

Primary Physician: _____ Specialty: _____ Phone: _____

Other Physician: _____ Specialty: _____ Phone: _____

Hospital Preference _____

D. Power of Attorney

Do you have a Power of Attorney? Yes ___ No ___ Has it been activated? Yes ___ No ___

If yes, is it for: finances or healthcare or both _____

Do you have a Legal Guardian? Yes ___ No ___

E. Confidential Financial Information

This confidential financial information will be used in determining your ability to meet financial obligations. It is used solely by Lasata Crossings.

Please list all assets

Real Estate:

Estimated Market Value: \$ _____

Amount of Mortgage: \$ _____

Equity Value: \$ _____

Savings or Money Market Accounts:

Approximate Amount: \$ _____

(If multiple accounts exist, please add to approximate amount and enter on line above)

Checking Accounts:

Approximate Amount: \$ _____

(if multiple accounts exist, please add to approximate amount and enter on line above)

Certificates of Deposit:

Total Approximate Value: \$ _____

Stocks & Bonds:

Total Approximate Value: \$ _____

Total Value of above Assets: \$ _____

Monthly Income:

Social Security: \$ _____

Pension: \$ _____

Annuities: \$ _____

Rental or Real Estate: \$ _____

Interest: \$ _____

Dividends: \$ _____

Trust Income: \$ _____

Other Income: \$ _____

Total Monthly Income: \$ _____

Do you have a Long-Term Care Insurance Policy? Yes ___ No ___ If so, what is the name of the Insurance Company and Policy Number? _____

Have you sold or given away any assets or property in the past 5 years? Yes ___ No ___ If so, please provide details including what, how much, to whom and when. Please attach a written detailed explanation regarding how the funds were dispersed.

Apartment Applying for: _____ Studio _____ 1 Bedroom _____ 2 Bedroom _____

Preferred Location: _____ 1st floor _____ 2nd floor _____ 3rd floor _____

(we will do our best to accommodate, based on current availability)

F. Emergency Contact Information:

1) Name: _____ Relation: _____

Primary Phone: _____ Alternate Phone: _____

Address: _____ City: _____ State: _____

Zip: _____ Email Address: _____

2) Name: _____ Relation: _____
Primary Phone: _____ Alternate Phone: _____
Address: _____ City: _____ State: _____
Zip: _____ Email Address: _____

3) Name: _____ Relation: _____
Primary Phone: _____ Alternate Phone: _____
Address: _____ City: _____ State: _____
Zip: _____ Email Address: _____

G. To Whom Should the Billing Statement be sent?

Name: _____ Relation: _____
Primary Phone: _____ Alternate Phone: _____
Address: _____ City: _____ State: _____
Zip: _____ Email Address: _____

In order for your application to be considered, it 1) must be completed in full and 2) be returned with the application/wait list fee of \$500.00. Make checks payable to "Lasata Crossings."

H. Guarantee of Payment

I agree to be responsible and pay for all sums due and owing Lasata Crossings upon receipt of bill. In the event that I am entitled to Public Funding benefits, such benefits are assigned to Lasata Crossings for application on my bill under terms as are required by the programs. I am aware that charges for room and board, services, and supplies are made monthly and are for services received in the prior month. I agree to be responsible and pay for all sums not covered by these assignments.

If accepted for admission to Lasata Crossings, I agree not to take any inappropriate disposition (divestment) of assets, which would impair my ability to pay for my care.

I hereby certify that the information given is true and is representative of my financial condition. I hereby give Lasata Crossings permission to verify the information given herein. I understand that any false statements or willful misrepresentation shall be cause for rejection of my application and may be grounds for dismissal from Lasata Crossings, if admitted.

I make this application for admission to Lasata Crossings of my own free will, with the knowledge that I may change my mind at any time and request a refund of the wait list fee. I certify that the above information is true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

When are you looking to move in? (Approximate month): _____
How were you referred to us? _____