



How to Apply for Assisted Living

To ensure that we are able to meet the unique needs of each applicant, please complete the following admission process.

This includes:

1. An **application**, including a financial disclosure of your income and assets. This is used to determine eligibility for our assisted housing program. You may also be asked to verify your income and assets. In addition, we will request income verification such as SS or SSDI award letters. If you are on HCBS (Medicaid program) we will have to have the PETI/ PAR in advance of move in.
2. An **Assisted Living Resident Questionnaire** will be required for each resident.
3. A **medical history** which is completed by your physician. It includes information about medications, health requirements and personal care needs. This history must be current (within 30 days of moving in) and be received prior to moving in.
4. A **personal interview and evaluation** with the staff to assess the applicant's needs and our ability to provide the appropriate assistance.
5. A **background check** will be completed on all applicants for housing at Senior Housing Options managed property.
6. Please **mail or fax** the application and background check to start the admission process. The manager will contact you for a tour and assessment to discuss your individual needs.

Security Deposit: Each resident is required to make a \$300.00 security deposit. This deposit is refundable when a move-in does not occur due to illness or failure to meet the occupancy criteria, or at the time of move-out according to the terms of the Resident Occupancy Agreement.

All applications forms can be found on line and downloaded from our website at www.seniorhousingoptions.org on the Become a Resident Page.

Please feel free to contact any of our managers if you have questions about admission.

Additional amenities, and admission criteria information can also be found on our website.

Assisted Living (Private Pay & HCBS Medicaid MI & EBD Approved Waivers Accepted)

Services provided by assisted living:

Limited assistance with bathing, dressing and other ADLs
Medication administration
3 home cooked meals
Snacks and food available 24/7
Housekeeping
Laundry and linen service
Activity programs & bus outings
24 hr protective oversight
Respite care \$150/day (up to 30 days)
Must be a senior or a disabled older adult to qualify
Pet, service and companion animal friendly

Senior Housing Options, Inc. is non-profit corporation celebrating over 40 years of service. We currently own and/or operate Nine residences in Colorado. We serve over 300 residents in our communities and we strive to assist seniors of low and moderate incomes and adults with disabilities and chronic mental illness.

Our mission is to provide and promote quality affordable housing & services in a caring environment for older adults in Colorado.

Thank you for your interest in Senior Housing Options. Changing homes can be difficult and we are here to help.



1510 17th Street Denver, CO. 80202 PH: 303-595-4644 FAX: 303-595-9225 seniorhousingoptions.org

Our mission is "To Provide and Promote Quality Affordable Housing & Services in a Caring Environment for Older Adults in Colorado".

Please check the Assisted Living Residence you are applying to below:

- The Barth Hotel (Denver CO) Phone 303-534-7142 Fax 303-534-3828 Cinnamon Park (Longmont CO) Phone 303-772-2882 Fax 303-772-8318
- Mesa Vista (Parachute CO) Phone 970-285-1844 Fax 970-285-6351 Madison House (Cortez CO) Phone 970-565-2047 Fax 970-565-2587
- Parkhill (Denver CO) Phone 303-388-9437 Fax 303-370-1063

Rental Application

How did you hear about Senior Housing Options, Inc. Denver CO? _____

Are you applying for Assisted Living Residence or Apartment Living? _____ (choose one- Mesa Vista Only)

APPLICANT INFORMATION:

Date: _____ Name: _____ Age: _____ Date of Birth: _____

Present Address: _____ City: _____ State: _____ Zip: _____ County: _____

How long at this address? _____

Telephone: _____ Cell: _____ email: _____

Spouse/Partner Name _____ Phone _____ email _____

Name of Legal Representative (if applicable) _____

Address of Legal Representative _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Past Occupation: _____ Place of Birth: _____

INSURANCE INFORMATION:

Are you currently on Medicare Part-A? Yes ___ No ___ Part-B? Yes ___ No ___ Part-D? Yes ___ No ___

Are you currently with an HMO? Yes ___ No ___ Name of HMO? _____ HMO Number: _____

Do you have Medicaid Health and Community Based Services (HCBS)? Yes ___ No ___ Application in Process ___ Number _____

Do you have a caseworker or a social worker? Yes ___ No ___ If yes, please provide the following information:
 Name _____ Organization _____ Contact information _____

FINANCIAL INFORMATION: This facility is owned and/or operated by Senior Housing Options Inc. a non-profit 501 (c) (3) charitable organization dedicated to providing affordable, homelike environments where seniors of all income levels can live independently in comfort and security while receiving the services they need. To achieve cost effectiveness, we have utilized various sources of funding that require that we verify financial income and asset information on every potential resident. In cooperation with this policy, please provide answers to the following questions:

Who will be responsible for paying any fees associated?

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip: _____

ASSET INFORMATION: Income from each of these assets must be detailed in the Income Information section below. Please list all checking, savings and investment accounts (including IRA's, Keogh accounts and certificates of deposit) including assets disposed of during the last two years. Also list the value of other assets including real estate, stocks, bonds, trusts or other assets. Attach additional information if needed.

Type of Asset	Financial Institution	Address and Phone Number	Account Number	Current Balance

INSURANCE INFORMATION:

Are you currently on Medicare Part-A? Yes ___ No ___ Part-B? Yes ___ No ___ Part-D? Yes ___ No ___

Are you currently with an HMO? Yes ___ No ___ Name of HMO? _____ HMO Number: _____

Do you have Medicaid Health and Community Based Services (HCBS)? Yes ___ No ___ Application in Process ___ Number _____

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Type of Asset	Financial Institution	Address and Phone Number	Account Number	Current Balance

INCOME INFORMATION: For each type of income you receive, list the source of the income, the address and phone number related to the source and the amount which can be expected to be received during the next twelve months. Include all sources of such as wages, social security, pension, interest, and income from alimony or rental properties. Verification of income must be provided in the form of bank statements that show consistent direct deposit of Social Security, VA benefits, other pensions, social security or other benefits. Quarterly interest statements for a 1 year period or a copy of the last year's IRS Income Tax Return may be used to estimate income.

Source of Income	Address and Phone	Monthly	Annually

RENTAL HISTORY: Please complete the following rental history. Start with your current or most recent address, include places where you lived, but were not listed on the lease and where you lived under a different name for at least the last five years.

Address	City	State	How long?
Landlord Name	Landlord Phone	Evicted?	Monthly Rent
Address	City	State	How long?
Landlord Name	Landlord Phone	Evicted?	Monthly Rent
Address	City	State	How long?
Landlord Name	Landlord Phone	Evicted?	Monthly Rent

ETHNICITY of head of household: Hispanic Non-Hispanic

RACE of head of household: White Black American Indian or Alaskan Native Asian/Pacific Islander Other

SIGNATURE(s):

APPLICANT AUTHORIZING: I/we authorize management to make any and all inquiries to verify information and to contact previous and current landlords or other sources for verification of information provided in this application. **This includes, but not limited to authorization to obtain criminal background and/or credit information for Senior Housing Options.**

APPLICANT CERTIFYING: The above statements are true to the best of my knowledge. Applicant certifies that statements made in this application are true and complete and that false statements may result in a denial of this application. The applicant authorizes Senior Housing Options Inc. to verify all information provided on this application and to execute all further forms required to assist in this verification process.

Signature of Person Completing Application

Date

Signature of Applicant (if applicable)

Printed Name

Relationship

Phone/Contact #



Resident Demographics

Resident's Name:			
Date of Birth:	Sex:	Marital Status:	
Former Address:			
Street Address	City	State	Zip Code
Medicaid Number:	Other Insurance:		
Primary Language:	Religion:		

Contacts

General POA

Name:	Phone Number:		
Address:			
Street Address	City	State	Zip Code

MDPOA

Name:	Phone Number:		
Address:			
Street Address	City	State	Zip Code

Emergency Contact #1

Name:	Phone Number:		
Address:			
Street Address	City	State	Zip Code

Emergency Contact #2

Name:	Phone Number:		
Address:			
Street Address	City	State	Zip Code

Primary Care Provider

Name:		Phone Number:	
Address:			
Street Address	City	State	Zip Code

Case Manager

Name:		Phone Number:	
Address:			
Street Address	City	State	Zip Code

Resident or Legal Representative's Signature

Date

Assisted Living Medical Evaluation

This medical evaluation must be completed by a licensed physician, physician assistant, or nurse practitioner.

Resident Health Information

Resident's Name:		
Date of birth:	Code status:	
Allergies (<i>medication, food, and environmental</i>):		
Temperature:	Pulse:	Respirations:
Blood Pressure:	Height:	Weight:
Medical Diagnoses:		
Mental Health Diagnoses:		
Is the resident experiencing any acute health issues? If so, describe:		
Is the resident free of communicable disease in any apparent form? If not, describe:		
Assisted living facilities operated by Senior Housing Options only provide a regular diet. It is the responsibility of the resident to make healthy choices in accordance with any dietary restrictions ordered by their healthcare provider. Mark the box to confirm understanding. <input type="checkbox"/>		
Dates of Immunizations:		
<ul style="list-style-type: none"> • Influenza _____ • Pneumococcal _____ 		

Non-Medication Orders

Order	Yes	No
The resident may participate in exercise as part of the facility's activities program		
The resident may consume alcoholic beverages		
Physical therapy evaluation and treatment		
Occupational therapy evaluation and treatment		
Speech therapy evaluation and treatment		
Nursing services (<i>wound care, diabetic management, etc.</i>)		

Medication-Related Orders

Order	Yes	No
The resident may self-administer medications		
The resident may keep PRN medications in their apartment and self-administer		
Facility may crush medication, if needed		
Facility may administer the annual influenza vaccine		
Refill all prescriptions for 3 months		

Medication Orders

IF A MED LIST IS PROVIDED IN LIEU OF COMPLETING THIS SECTION, IT MUST BE ELECTRONICALLY SIGNED OR HAVE A PROVIDER'S WET SIGNATURE. ORDERS ARE REQUIRED FOR ALL OVER THE COUNTER MEDICATIONS AND SUPPLIMENTS.

Medication	Dose	Route	Frequency

Appropriateness for Assisted Living

Statement	Yes	No
The resident is mentally suited for care in an assisted living residence and does not require long term medical or skilled nursing care.		
The resident is medically suited for care in an assisted living residence and does not require long term medical of skilled nursing care.		

Name of provider (printed) _____

Signature

Date

CRIMINAL RECORDS CHECK DISCLOSURE AND CONSENT FORM ALR



SCREENING FOR DRUG ABUSE AND OTHER CRIMINAL ACTIVITY – A criminal records search and a registered sex offender search will be conducted on each adult applicant who is 18 years of age or older in the state of Colorado and in other states where the household members are known to have resided.

A criminal records check through Colorado Bureau of Investigation will be conducted on all Applicants for housing at any Senior Housing Options (SHO) managed building. This includes applicants who state on their applications that they do not have criminal record. If a criminal records check reveals that an Applicant has a criminal record and the Applicant failed to indicate the presence of the criminal record on his or her application, then the Applicant's application for housing will be denied on the basis that the Applicant failed to be truthful when filling out the applications. If the Applicant has resided in Colorado for less than five (5) years, out of state criminal background checks will be made for the last 10 years as available from prior state(s) of residency.

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005 – VAWA PROTECTIONS: The property will not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse. The property will not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.

The property will request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

I acknowledge that a telephonic facsimile (FAX) or photographic copy of this document shall be as valid as the original. This release enables most federal, state and county agencies to permit information about me to be released. I hereby authorize, without reservation, any law enforcement agency, institution, or information service bureau contacted by Senior Housing Options or its representative to furnish the information.

APPLICANT SIGNATURE (REQUIRED): _____ **DATE:** ____/____/____

PRINTED APPLICANT NAME (REQUIRED): _____ **DATE OF BIRTH (REQUIRED):** ____/____/____

SOCIAL SECURITY NUMBER: ____ - ____ - ____ **HOME/CELL PHONE NUMBER: (____) ____ - ____** **SEX:** Male Female

STREET ADDRESS (DO NOT PROVIDE A POST OFFICE BOX): _____

CITY: _____ **STATE:** ____ **POSTAL CODE:** _____ **DATES OF RESIDENCE:** ____/____/____ **TO** ____/____/____
[MONTH] [YEAR] [MONTH] [YEAR]

IF YOU HAVE LIVED OUTSIDE THE STATE OF COLORADO DURING THE PAST 5 YEARS YOU MUST PROVIDE YOUR OUT-OF-STATE ADDRESS(ES) TO MEET VERIFICATION REQUIREMENTS:

STREET ADDRESS (DO NOT PROVIDE A POST OFFICE BOX): _____

CITY: _____ **STATE:** _____ **POSTAL CODE:** _____ **DATES OF RESIDENCE:** ____/____/____ **TO** ____/____/____
[MONTH] [YEAR] [MONTH] [YEAR]

COUNTY: _____

STREET ADDRESS (DO NOT PROVIDE A POST OFFICE BOX): _____

CITY: _____ **STATE:** _____ **POSTAL CODE:** _____ **DATES OF RESIDENCE:** ____/____/____ **TO** ____/____/____
[MONTH] [YEAR] [MONTH] [YEAR]

COUNTY: _____

Senior Housing Options, Inc. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). [Senior Housing Options, Compliance Manager, 1510 17th Street, Denver, CO 80202 303-595-4464, 1-800-659-2656 TDD].

