Senior Housing Options

# 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.

Senior Housing Options

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 # |

## CRIMINAL RECORDS CHECK DISCLOSURE AND CONSENT FORM ALR

Senior Housing Options

**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.

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**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].*

EQUAL HOUSING OPPORTUNITY

1510 17th St
DENVER, CO 80202-1202
303-595-4464
FAX 303-595-9225
TDD 1-800-695-2656
WWW.SENIORHOUSINGOPTIONS.ORG

**The Barth Hotel Phone 303-534-7142 Fax 303-534-3828** **Cinnamon Park Phone 303-772-2882 Fax 303-772-8318**

**Mesa Vista Phone 970-285-1844 Fax 970-285-6351** **Park Hill Phone 303-388-9437 Fax 303-370-1063**

**Madison House Phone 970-565-2047 Fax 970-565-2587**

## MEDICAL HISTORY

Applicant Name:_____Date:_____

Medical Release Authorization:_____
(Resident/legal representative signature)

Physician Name:_____Phone:_____

Physician Address:_____

Dear Dr._____,

The above named individual has hereby signed authorization for you to assist in the evaluation for placement in our assisted living residence. Please complete and return this form, releasing any pertinent documents that may be helpful in providing care at our residence.

Diagnosis:_____

_____

_____

Current medical problems:

_____

_____

Medical/Surgical history:

_____

_____

Dietary restrictions (therapeuticdiets not available):

_____

_____

Can applicant monitor his/her own dietary restrictions? Yes____No____

History of destructive, aggressive or violent behavior or mental illness:

Blood Press._____Pulse_____Resp._____Temp_____Height_____Weight _____

Date of Immunizations: Flu_____Pneumovax_____Tetanus_____

Date of last PPD_____Results: _____

Date of last chest X-ray:_____Results: _____

Does applicant presently suffer from any communicable disease? Yes_____No _____

If yes, please describe:_____

Current Medications and Treatments:

Drug: Dose: Directions:

_____

_____

_____

_____

PRN Medications:

_____

_____

Which medications would you like to be notified of if refused?_____

_____

Allergies:

_____

_____

Does applicant have any of the following conditions? If so, please describe below:

Incontinence Yes____No____ Ambulating Problems Yes____No ____

Sensory Deficits Yes____No____ Colostomy Care Yes____No ____

Foley Care Yes____No____ Recent Falls Yes____No ____

Oxygen Yes____No____ Flow rate: _____

Assistive Devices:Yes____No ____

Other Concerns:

_____

_____I authorize the ALR staff to possess and supervise the administration of medications for this applicant according to the prescribed directions included here. These medications have been reviewed and approved.

_____This resident may self-administer all medications

To the best of your knowledge, could this individual function in assisted living without the benefit of skilled services on a regular basis? Yes_____No_____

Dr._____Signature_____Date:_____

Please call if you have questions.

Sincerely, _____