



# ASSISTED LIVING RESIDENCE APPLICATION

## Senior Housing Options

1510 17<sup>th</sup> Street, Denver CO 80202

Denver 303-870-9165 phone 303-595-9225 fax

Cinnamon Park 303-772-2882 phone 303-772-8318 fax

How did you hear about Senior Housing Options? \_\_\_\_\_

### APPLICANT INFORMATION:

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? \_\_\_\_\_

Current living situation \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell : \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Legal Representative (if applicable) \_\_\_\_\_ Relationship: \_\_\_\_\_

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 \_\_\_ Which one? \_\_\_\_\_ HMO Number: \_\_\_\_\_

Do you have Medicaid Home & Community Based Services (HCBS)? Yes \_\_\_ No \_\_\_

Application in Process \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Do you have a caseworker or a social worker? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

Name \_\_\_\_\_ Organization \_\_\_\_\_

Email \_\_\_\_\_

**Race of head of household**

**Ethnicity of head of household**

White \_\_\_\_\_  
Black \_\_\_\_\_  
American Indian/Alaskan Native \_\_\_\_\_  
Asian/Pacific Islander \_\_\_\_\_

Hispanic \_\_\_\_\_  
Non-Hispanic \_\_\_\_\_

**Rental/Residency History:**

If you have not lived at your current address for at least three years 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

Who will be responsible for paying the fees at the assisted living?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**SIGNATURE:** The above statements are true to the best of my knowledge. 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. Applicant certifies that statements made in this application are true and complete and that false statements may result in a denial of this application.

\_\_\_\_\_

Signature of Person Completing Application

Date

Printed Name

Relationship

Phone