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OUR MISSION: TO PROVIDE AND PROMOTE QUALITY AFFORDABLE HOUSING & CARING SUPPORTIVE SERVICES IN COLORADO

ASSISTED LIVING RESIDENCE APPLICATION

CONTACT INFORMATION:

Date: _____ SS Number: _____

Name: _____ Maiden Name _____ Sex: _____ Marital Status: _____ Age: _____ Date of Birth: _____

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

Telephone: _____ Cell _____ email _____

Spouse's Name _____ Phone _____ email _____

Name of Legal Representative (if applicable) _____

Address of Legal Representative _____ City _____ State _____ Zip _____

Past Occupation: _____ Place of Birth: _____

INSURANCE INFORMATION:

Are you currently on Medicare Part-A? Yes ___ No ___ Medicare Part-B? Yes ___ No ___ Medicare Number: _____

Are you currently with an HMO? Yes ___ No ___ Which one? _____ HMO Number: _____

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

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 the fees at Madison House?

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	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

ETHNICITY:

Please provide the following information for statistical purposes only. As responses are optional:

Male Female

Hispanic Non Hispanic African American Caucasian American Indian or Alaskan Native

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

Date