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WWW.SENIORHOUSINGOPTIONS.ORG

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

The Barth Hotel Phone 303-534-7142 Fax 303-534-3828 Cinnamon Park Phone 303-772-2882 Fax 303-772-8318
Cliffview Phone 970-724-3530 Fax 970-724-3813 Madison House Phone 970-565-2047 Fax 970-565-2587
Mesa Vista Phone 970-285-1844 Fax 970-285-6351 Park Hill Phone 303-388-9437 Fax 303-370-1063

ASSISTED LIVING RESIDENCE APPLICATION

CONTACT INFORMATION:

Date: _____ Name: _____

Age: _____ Date of Birth: _____ Email: _____

Present Address: _____ City _____ State _____ Zip _____

How long at this address: _____

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 _____ Phone _____

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 three 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 Date _____