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 ALR 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 - $600.00 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.

Room Hold: To hold a unit prior to move-in, a room hold charge may be required. Units will not be held for longer than 2 weeks.

All applications forms can be found online and downloaded from our website at www.seniorhousinoptions.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.
Page 1 of 4

Place of Birth: ____________________________

Pass Occupation: __________________________

Email: ________________________________

Phone: ________________________________

Address of Legal Representative: ____________________________

City: ____________________________

State: ____________________________

Zip: ____________________________

Name of Legal Representative (if applicable): ____________________________

Phone: ________________________________

Spouse/Partner Name: ____________________________

Cell: ________________________________

Telephone: ________________________________

How long at this address? ____________________________

Present Address: ____________________________

City: ____________________________

State: ____________________________

County: ____________________________

Zip: ____________________________

Date of Birth: ____________________________

Age: ____________________________

APPLICANT INFORMATION:

(Choose one - Meas Vistas Only)

Are you applying for assisted living residence or apartment living? ____________________________

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

Rental Application

Part Hill (Denver CO) Phone 303-388-4371 Fax 303-370-1063 ____________________________

Meadow House (Monterey CO) Phone 970-285-2047 Fax 970-285-2587 ____________________________

Wee Vista (Paradise CO) Phone 970-285-2047 Fax 970-285-6931 ____________________________

Champion Park (Longmont CO) Phone 303-722-2882 Fax 303-722-8388 ____________________________

The Board Hotel (Denver CO) Phone 303-347-1742 Fax 303-347-1742 ____________________________

Please check the assisted living residence you are applying to below:

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

1510 17TH STREET DENVER, CO 80202 PH: 303-595-4644 FAX: 303-595-2225 seniohousingoptions.org
| Type of Asset | Financial Institution | Address and Phone Number | Account Number | Current Balance |

**Income**

Income from each of these assets must be detailed in the Income Information section below. Please list all stocks, savings, and investment accounts.

**Asset Information**

Who will be responsible for paying any fees associated?

---

**Financial Information**

Do you have a current HMO? Yes No

Are you currently on Medicare? Part A? Part B? Yes No

Do you have Medicaid Health and Community-based Services (HCBS)? Yes No

Application Process: Number

Name of HMO:

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**Insurance Information**

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<table>
<thead>
<tr>
<th>Current Balance</th>
<th>Account Number</th>
<th>Address and Phone Number</th>
<th>Financial Institution</th>
<th>Type of Asset</th>
</tr>
</thead>
</table>

In the last two years, list all the value of other assets including real estate, stocks, bonds.

**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.

<table>
<thead>
<tr>
<th>Zip</th>
<th>State</th>
<th>City</th>
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**RELATIONSHIP:**

Name:

Who will be responsible for paying any fees associated?

**FINANCIAL INFORMATION:**

This facility is owned and operated by Senior Housing Options Inc., a non-profit 501(c)(3) charitable organization dedicated to providing

<table>
<thead>
<tr>
<th>Contribute Information</th>
<th>Organization Information</th>
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<td>Name</td>
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Do you have a caseworker or a social worker? Yes No

Are you currently on Medicaid Part A? Yes No

Are you currently on Medicaid Part B? Yes No

Are you currently on Medicare? Part A? Yes No

Are you currently on Medicare Part B? Yes No

Name of HMO:

Application in Process Yes No

If Yes, please provide the following information:

Number

HMO Number

**INSURANCE INFORMATION:**
**RACE of head of household:**

- White
- Black
- Hispanic
- Non-Hispanic
- American Indian or Alaskan Native
- Asian/Pacific Islander
- Other

**ETHNICITY of head of household:**

- White
- Black
- Hispanic
- Non-Hispanic
- American Indian or Alaskan Native
- Asian/Pacific Islander
- Other

<table>
<thead>
<tr>
<th>Monthly Rent</th>
<th>Evicted?</th>
<th>Landlord Phone</th>
<th>Landlord Name</th>
<th>Address</th>
<th>City</th>
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<tr>
<td>How Long?</td>
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and whether you lived under a different name for at least the last five years.

**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.

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<th>Address</th>
<th>City</th>
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**INCOME INFORMATION:** For each type of income you receive, list the source of the income, the amount 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 the sale of real property. Verify each statement or provide supporting documents if requested. Include annual income earned or expected to be received for the current year. Please attach a document(s) for current or previous years. The TCO 2023 does not have a copy of the previous year’s IRS Income Tax Return. Information may be used to estimate income.
Phone/Contract # ___________________________ Relationship ___________________________

Signature of Applicant (if applicable) ___________________________ Date ___________________________

Signature of Person Completing Application ___________________________

Verification Process:

Housing Options Inc. is required to verify all information provided on this application and to execute all further forms required to assist in this application. If true and complete and that false statements may result in a denial of this application. The applicant authorizes Senator Housing Options to obtain criminal background and/or credit information for Senator Housing Options. This includes, but not limited to current landlords or other sources for verification of information provided in this application. This is a legal requirement and is necessary to determine eligibility for assistance.

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.

SIGNATURE(S): ___________________________
Phone/Contact #

Relationship

Printed Name

Signature of Applicant (if applicable)

Date

Signature of Person Completing Application

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 application process.

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:

Signature (s):
CRIMINAL RECORDS CHECK DISCLOSURE AND CONSENT FORM-ACF

1. A criminal records check through Colorado Bureau of Investigation will be conducted on all Applicants for housing at any Senior Housing Options managed building.

2. 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.

3. If criminal records check reveals that an Applicant has a criminal record of any of the following, the application for housing will be denied:
   a) Any applicant that is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a applicant’s illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.
   b) Any applicant who is subject to a state sex offender lifetime registration requirement. National sex offender registry search is conducted on all applicants.
   c) If there is reasonable cause to believe that the applicant’s behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents.
   d) Any record of criminal history or violent criminal history including: murder, attempt to commit murder, threatening with a deadly weapon, sexual assault, crimes against an at risk adult for ten (10) years preceding the date of application including but not limited to charges and/or convictions, felonies and/or misdemeanors against other persons, property, or crimes that could pose serious risk to the safety of vulnerable adults.
   e) Conviction (at any time) for a felony involving violent physical actions on the part of the applicant.
   f) Three (3) or more convictions on misdemeanor charges within the last two (2) years of the applicant.
   g) The applicant may be allowed residency if the conviction results in jail/prison time requirement is satisfied at least 5 years prior to the application decision, or if the conviction results in parole/probation requirement that is satisfied at least 5 years prior to the admission decision.

Revised Oct. 14, 2010
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.

<table>
<thead>
<tr>
<th>Signature of Applicant (Required)</th>
<th>Date</th>
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<tbody>
<tr>
<td>Print Name (Required)</td>
<td>Birth Date (Required)</td>
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<tr>
<td>Social Security Number</td>
<td>Phone Number</td>
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<td>Male</td>
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<td>Address: (Please do not give a Post Office Box)</td>
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<td>City</td>
<td>County</td>
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</table>

If you have lived outside the State of Colorado in the last 5 years you must provide your prior address for out of State information requirements:

<table>
<thead>
<tr>
<th>Address (do not use PO Box)</th>
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<td>City</td>
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Phone number where you can be reached or left a message

*This document is available in other formats upon request. Signature still required

Revised Oct. 14, 2010 tw
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 (therapeutic diets 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 ___

SHO Medical History
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:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Directions</th>
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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, ________________________________