

Saint Elizabeth Court
Assisted Living Residence
109 Melrose Street
Providence, RI 02907
jbarber@stelizabethcommunity.org
401-490-4646

Application for Residency

PART 1: General Information

Thank you for expressing interest in residency at Saint Elizabeth Court. Please complete and return this initial form at your earliest convenience.

Applicant Name _____ Social Security# _____

Address _____ Town/City _____

State _____ Zip _____ How long _____ Telephone (applicant) _____

Email (friend or family) _____

Birth Date _____ Birth Place _____ sex male _____ Female _____

Marital Status _____

Current or former occupation or profession _____

Are you a current student? _____ yes _____ no _____ part-time _____ full-time

Completion of this section is voluntary:
In order to help us carry our responsibilities under the Fair Housing Laws, we ask that you identify Yourself by one of the following designations:

Race: White _____ African American _____ Asian _____ Native American _____ Hispanic _____ Other _____

Ethnicity: Hispanic _____ Non Hispanic _____

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Contact Information on the person assisting you as you consider Saint Elizabeth Court

Name _____ Relationship _____

Address _____ Town/City _____

State _____ Zip _____ Home Telephone _____

Cell Telephone _____ Work Telephone _____

Responsible Party for financial purposes _____

Relation _____ Telephone _____

Email _____

Do you wish to receive the monthly newsletter electronically? Yes _____ no _____

Do you wish to receive the monthly statement electronically? Yes _____ no _____

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PART 2: CURRENT LIVING SITUATION

Do you own or rent your home? Own Rent

Is the home listed in applicant's name? Yes No

What type of housing do you live in? Apartment Single Family Multi-Family Condo Other

Current monthly rental rate? _____

Name of Landlord/Owner/Manager _____ Telephone _____

Do you require someone (friend or relative) to live with you at the present time?

Yes No If so, who _____

Reason for the need _____

If not, do you require someone to visit you during the day? Yes No

Does anyone have Power of Attorney for you? Health Yes No financial Yes No

If Yes: Name _____ Address _____

Home Tel: _____ Work Tel: _____ Cell Tel: _____

Relationship _____

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PART 3: MEDICAL AND INSURANCE INFORMATION

Physician's Name _____

Address _____ Telephone# _____ Fax _____

Hospital Preference _____

How would you describe your present health? _____

How often do you see your doctor? _____ When was your last visit? _____

Are you on any medications at the present time? _____ yes _____ no

If yes, please list the medication (s) and condition(s) being treated

Medication _____

Do you use any assistance such as a cane, walker or wheelchair? _____ yes _____ no

Do you Smoke? _____ yes _____ no

Please list all of your medical insurance coverage, including Medicaid, supplemental and long term care insurance.

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PART 4: DAILY LIVING

Please use an (x) to indicate your level of ability in the following areas:

Task	Independent	Some Assistance	Dependent
Preparing Meals	_____	_____	_____
Housekeeping	_____	_____	_____
Laundry	_____	_____	_____
Bathing	_____	_____	_____
Fire Safety	_____	_____	_____
Budgeting	_____	_____	_____
Shopping	_____	_____	_____
Transportation	_____	_____	_____
Dressing	_____	_____	_____
Medications	_____	_____	_____
Walking	_____	_____	_____

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PART 5: FINANCIAL INFORMATION

The following worksheet is necessary to determine how your financial resources will cover the monthly living costs at Saint Elizabeth Court. (This information is kept confidential)

Employment Income	\$ _____ per month
Social Security Income	\$ _____ per month
Employer Pension	\$ _____ per month
Interest and Dividend Income	\$ _____ per month
Annuity Income	\$ _____ per month
Life Insurance Benefits	\$ _____ per month
Support from Family	\$ _____ per month
Rental Income	\$ _____ per month
VA Benefits	\$ _____ per month
Spousal Income	\$ _____ per month
Total Monthly Income	\$ _____ per month

Is the value of your total assets (including home ownership, savings, CDs, etc)
Below or above two thousand dollars (\$2000.00)? ____ Below ____ Above
Estimated Values _____

Do you own any property? ____ Yes ____ No

Have you sold or disposed of any property or assets in the last 2 years? ____ Yes ____ No

Is there any additional information we should be aware of when reviewing your financial resources?

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I understand and agree that this application is neither a contract, nor a reservation for residency. Nothing contained in this document is legally binding to my self or Saint Elizabeth Court until a Residency Agreement has been signed by all parties involved.

Signature of Applicant

Date of Application

AN AGGRIEVED PERSON MAY FILE A COMPLAINT OF A HOUSING DISCRIMINATION ACT WITH:

R.I Housing and Mortgage Finance Corporation

44 Washington Street
Providence, RI 02903
TEL: 401-751-5566

U.S. Department of Housing &
Urban Develop
10 Weybosset Street
Providence, RI 02903
Tel: 401-528-4855