



Magnolia Crossing

A Gracious *Assisted* Living Community

Pre-Application for Residency

Thank you for your interest in residency at Magnolia Crossing. Please complete and return this application to (address). All information is kept confidential.

General Information

Name _____

Address _____

State _____ Zip _____ Phone _____

Date of Birth _____ Place of Birth _____

Gender: Male ___ Female ___

Primary Language _____ Secondary Language _____

Marital Status: Married ___ Single ___ Widowed ___ Divorced ___ Separated ___

Current or former occupation _____

Is there anyone helping you with your application? If so, may we contact them? Yes ___ No ___

Name _____ Relationship _____

Address _____ Phone _____

Current Living Situation

Do you own your home or rent? Own ___ Rent ___ How many years? _____

Do you own a car? _____ Do you intend to maintain it? _____

Do you drive yourself regularly? _____

Who helps you at home? _____

How do they help you? _____

Do you have services to assist you at home? If so, please list service agencies and the types of assistance they provide? _____

What is the reason you are considering assisted living? _____

Have you been in a skilled nursing facility or rehabilitation? _____

Daily Living

How do you enjoy spending your time? _____

What hobbies you do enjoy? _____

Please use an "X" to describe yourself in the following areas:

Task	Some Assistance	Full Assistance	Comments
Preparing Meals	_____	_____	_____
Eating	_____	_____	_____
Housekeeping	_____	_____	_____
Laundry	_____	_____	_____
Bathing	_____	_____	_____
Finances	_____	_____	_____
Shopping	_____	_____	_____
Transportation	_____	_____	_____
Dressing	_____	_____	_____
Walking	_____	_____	_____

Medical and Insurance Information

Physician's Name _____

Address _____ City _____ State _____ Zip _____

What medical/health problems do you have? _____

What medications are you currently taking? _____

Do you require assistance/reminders to administer your medication(s)? Yes ___ No ___

Do you require assistance with a special diet or eating? Yes ___ No ___ (explain)

Do you smoke? Yes ___ No ___

Please list all of your medical insurances, including supplemental and long-term care

I understand and agree that this application is neither a contract or a reservation for residence. Nothing contained in this document obligates or entitles me to a residence at Magnolia Crossing until a Resident Agreement has been signed by all parties involved.

Signature of Applicant _____ Date of Application _____