



· 2440 Emerson Drive SE
Palm Bay, FL 32909

· 1310 Sequoia Rd NW
Palm Bay, FL 32907

· 321-327-8762 · 954-559-3265

· <http://www.bluefountain.com>

ASSISTED & SENIOR LIVING Home

Welcome

Thank you for your interest in residency at the VNA Assisted and Senior Living Communities. Please complete and return this application to 259 Lowell Street, Somerville, MA 02144. All information will be kept confidential. Upon receipt of your completed application, a member of our staff will contact you.

Current Living Situation General Information — Please print or type

Do you own your home or rent? Own___ Rent___ How many years?_____

What type of housing do you live in? Apartment___ Single-Family___ Multi-Family___ Condo___ Other_____

Where did you live prior to this?

What is your approximate monthly income? \$_____

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 any 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 supportive housing? _____

Are you currently in a Skilled Nursing Facility/Rehab? Yes ___ No___

Name of Facility:_____

Location:_____

Name_____

Social Security #_____

Address_____

State_____ Zip_____

Phone_____

Birthday _____ Place of Birth _____
Gender: Male ___ Female ___
Primary Language _____
Secondary Language _____
Marital Status: Married ___ Single ___ Widow/er ___ 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 _____

Pre-Application for Residency

BLUE FOUNTAIN Home Care

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Medical and Insurance Information Daily Living — Please print or type

Physician's Name _____ Phone #(_____) _____
Address _____ City _____ State _____
Zip _____

What medical/health problems do you have? _____

What medications are you taking at the present time? _____

Do you require assistance/reminders to administer your medication(s)? Yes ___ No ___
Do you require assistance with a special diet or eating? Yes ___ No ___
(describe) _____

Do you smoke? Yes ___ No _

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

I understand and agree that this application is neither a contract nor a reservation for residence.

Nothing contained in this document obligates or entitles me to an room at BLUEFOUNTAIN Home care facilities until a Resident Agreement has been signed by all parties involved.

Signature of Applicant _____

Date of Application _____

(Completion of this section is voluntary)

In order to help us carry out our responsibilities under applicable Fair Housing Laws, we ask that you identify yourself by one of the following designations: (Please circle only one)

White African-American Asian Latino Native American Eskimo Other _____

How do you enjoy spending your time? What hobbies do you have? _____

***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 _____

What other assistance do you feel you need? _____

What special equipment or devices do you require? _____

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BLUE FOUNTAIN Home Care is committed to the principals of equal opportunity. We not discriminate against individuals on the basis of race, color, gender, sexual orientation, religion, age, ancestry, national or ethnic origin, disability or veteran status in its application process.

Please complete this form and return it with your application. All information will be kept confidential.

Name _____
Date _____

Income

Real Estate (within last 5 years, in applicant's name, joint ownership, or trust)

Location: \$ _____ City _____
State _____

Mortgage: \$ _____ Rental Income: \$ _____

Location: \$ _____ City _____
State _____

Mortgage: \$ _____ Rental Income: \$ _____

Approximate Total Value: \$ _____

Bank Accounts (within last 5 years, in applicant's name, joint ownership, or trust)

Bank: _____
Type of Account: _____ Acct #: _____
Address: _____
Current Balance: \$ _____

Bank: _____
Type of Account: _____ Acct #: _____
Address: _____
Current Balance: \$ _____

Bank: _____
Type of Account: _____ Acct #: _____
Address: _____
Current Balance: \$ _____

Social Security: gross monthly

\$ _____
Pension: \$ _____
Company _____
Address: _____

Annuity: \$ _____
Company _____

Address: _____

Trust Account: \$ _____

Company _____

Address: _____

Approximate Total Value: \$ _____

Prospective Residential Financial Information

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Assets (within last 5 years, in applicant's name, joint ownership, or trust)

Annual Income _____

Life Insurance Policies (within last 5 years, in applicant's name, joint ownership, or trust)

Company: _____

Address: _____

Policy # _____ Approx. Value: \$ _____

Company: _____

Address: _____

Policy # _____ Approx. Value: \$ _____

Funeral Trust: _____

Address: _____

Policy # _____ Approx. Value: \$ _____

Long Term Care Insurance

Any long term care policies that cover Assisted Living or Supportive Services? Yes ___ No ___

If yes, list company and policy #: _____

Amount Paid for Services: \$ _____

Any other sources of income: (Please describe) _____

Any debts, mortgages or other financial obligations that would affect the income assets:

Cert. Of Deposit – Bank: _____

Account # _____
Address: _____

Cert. Of Deposit –
Bank: _____
Account # _____
Address: _____

Cert. Of Deposit –
Bank _____
Account # _____
Address: _____

Stocks – Brokerage Firm: _____ Account # _____
Address _____

Bonds – Company: _____
Account # _____
Address: _____

Cash on Hand: _____

The financial information in this statement is true & is submitted in consideration for residency at BLUE FOUNTAIN Home Care facilities.

Signature _____ Date _____

BLUE FOUNTAIN Home Care

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