

ATTIC ANGEL COMMUNITY

Residency Application

GUIDELINES

1. Take a Tour: Attic Angel Community's living options are showcased and described online at www.AtticAngel.org, but even more details are available by taking a tour of our neighborhood. If you haven't already taken a tour, we urge you to schedule an appointment by calling **608-662-8842**.

2. Apply. This document may be printed and filled out by hand, or your answers may be typed into the fillable PDF and then printed. You will want to be equipped with the following information for the applicant(s):

- Numbers for Social Security and Medicare
- Policy information for health insurance and long-term care
- Contact information for the applicant's primary care physician
- Contact information health care power of attorney, if applicable
- Information regarding income, assets, liabilities and financial institution(s)

3. Submit. Mail, fax or deliver your completed application to the following address:

Attic Angel Community
Attn: Chief Operations Officer
8301 Old Sauk Rd.
Middleton, WI 53562

Phone: (608) 662-8842

Fax: (608) 662-8800

Applications are reviewed by the Chief Operations Officer of Attic Angel Community. Acceptance of an application does not guarantee placement, and all prospective residents of Attic Angel Place (Apartments, Households, Haven, Health Center) will be subject to a pre-admission assessment.

Thank you for your interest in Attic Angel Community!

ATTIC ANGEL COMMUNITY APPLICATION

Confidential Personal Information

APPLICANT

Title: Mr. Mrs. Ms. Miss Dr. Prof.

Last Name _____ First Name _____ Middle Initial _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ Alternate (____) _____

Marital Status: Single Married Widowed Other

Email: _____

Birthdate: ____/____/____ Birthplace: _____ Social Security #: _____ - _____ - _____

Desired Occupancy Date Immediate Future Date, estimated at _____

EMERGENCY CONTACT for Applicant 1

Last Name: _____ First Name: _____

Relationship: Spouse Significant Other Sibling Son Daughter Friend Other

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ Alternate Phone: (____) _____

INSURANCE

Medicare Number: _____

Health Insurance Company: _____

Policy #: _____ Phone: (____) _____

Long-Term Care Insurance Company: _____

Policy #: _____ Phone: (____) _____

HEALTH CARE POWER OF ATTORNEY: yes no

Primary Agent: _____ Phone: (____) _____

Alternate Agent: _____ Phone: (____) _____

PRIMARY CARE PHYSICIAN

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ ZIP: _____

Confidential Personal Information (continued)

LIVING OPTION(s) being considered for Applicant 1

ATTIC ANGEL PRAIRIE POINT

Our ranch-style homes make up a smoke-free neighborhood. Approved pets are welcome in this level of care.

Freestanding Home

Duplex

Multiplex

Unit Style, if applicable _____ Address, if applicable _____

ATTIC ANGEL PLACE *All levels of care provide a smoke-free environment.*

Health Center/Skilled Nursing Facility

Admission Plan: short-term placement (rehab) long-term placement

Primary Diagnosis: _____

CBRF Haven/Memory Care

RCAC Assisted Living Household Apartment

RCAC Apartments with Services *(Approved pets are welcome in this level of care.)*

1 Bedroom

1 Bedroom with den

2 Bedroom

2 Bedroom with balcony

2 Bedroom with den & balcony

HOW DID YOU HEAR ABOUT ATTIC ANGEL COMMUNITY?

Family/Friend Website Media Story Advertising Health Care Professional

Current Resident/Volunteer/Employee; if so, who? _____

Other _____

Confidential Personal Information

CO-APPLICANT

Title: Mr. Mrs. Ms. Miss Dr. Prof.

Last Name _____ First Name _____ Middle Initial _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ Alternate (____) _____

Marital Status: Single Married Widowed Other

Email: _____

Birthdate: ____/____/____ Birthplace: _____ Social Security #: _____ - _____ - _____

Desired Occupancy Date Immediate Future Date, estimated at _____

EMERGENCY CONTACT for Co-Applicant

Last Name: _____ First Name: _____

Relationship: Spouse Significant Other Sibling Son Daughter Friend Other

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone (____) _____ Alternate Phone: (____) _____

INSURANCE

Medicare Number: _____

Health Insurance Company: _____

Policy #: _____ Phone: (____) _____

Long-Term Care Insurance Company: _____

Policy #: _____ Phone: (____) _____

HEALTH CARE POWER OF ATTORNEY: yes no

Primary Agent: _____ Phone: (____) _____

Alternate Agent: _____ Phone: (____) _____

PRIMARY CARE PHYSICIAN

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ ZIP: _____

Confidential Personal Information (continued)

LIVING OPTION(s) being considered for Co-Applicant

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Other _____

ATTIC ANGEL COMMUNITY APPLICATION

Confidential Financial Statement

Purpose: This declaration is used to show conclusively each applicant's/couple's ability to maintain and meet financial obligations independently. It may be furnished directly to the Chief Operations Officer or, should the applicant desire, it may be submitted to Attic Angel's certified public accounting firm for evaluation (at an additional charge). This statement is not used as a basis for establishing entrance fees or monthly charges, as these charges are established by the Board of Directors at the beginning of each fiscal year and are based on the cost of operation. Neither Attic Angel Place nor Prairie Point requires that applicants turn over all of their assets. Updates of financial and waitlist information will be requested and required periodically.

Applicant: _____ **Co-Applicant:** _____

CURRENT SOURCES OF INCOME

Source	Monthly Income	Expected duration
1. Social Security	_____	_____
2. Pensions-retirement	_____	_____
3. Annuities	_____	_____
4. Rentals	_____	_____
5. Interest	_____	_____
6. Dividends	_____	_____
7. Earned Income	_____	_____
8. Other	_____	_____
TOTAL INCOME	_____	

CURRENT ASSETS

Real Estate

Location	Remaining Mortgage Balance	Market Value
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

Investments (stocks/bonds, trusts, portfolios, etc.)

Source	Date of Value	Market Value
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

Other

Name	Amount
a. _____	_____
b. _____	_____
c. _____	_____

Financial Institution Accounts

Name	Amount
a. _____	_____
b. _____	_____
c. _____	_____
TOTAL ASSETS _____	

DEBTS, LIABILITIES & FINANCIAL OBLIGATIONS

Name	Amount
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

TOTAL LIABILITIES _____

CERTIFICATION AND SIGNATURE

I certify that the information provided in this Attic Angel Community Application is complete and accurate to the best of my knowledge. My signature below signifies my pledge to Attic Angel that I will not impair, by gift or otherwise, my ability to meet my financial obligations while I am a resident in any part of the Attic Angel Community. I understand the admission and retention criteria and acknowledge my awareness that an accepted application does not guarantee placement. I acknowledge that an accepted application does not guarantee placement. I understand that move-in and admission decisions are based on established admission and retention criteria. Misrepresentations and material omissions may be grounds for denial of Resident Aid, and/or discharge or termination of the Resident Agreement.

Signature: Applicant or Legal Representative

Date

Signature: Co-Applicant or Legal Representative

Date

Attic Angel is an Equal Housing Provider and an Equal Opportunity Employer.

FOR OFFICE USE ONLY

Approved by _____

Date _____