RHODA GOLDMAN PLAZA

Wait List Application

PERSONAL INFORMATION

Preferred Date of Residency ☐ 8 months – 1 year ☐ 1 year +

Type of Apartment ☐ Studio ☐ Alcove ☐ One Bedroom ☐ Two Bedroom

APPLICANT NAME(S)

Preferred Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Other _____

Present Address _____ Email _____

City _____ State _____ Zip _____ Phone _____

Marital Status ☐ Single ☐ Married ☐ Widowed Born _____

Previous Profession _____

Educational Background _____

_____

Hobbies/ Interests/Clubs _____

Medicare No. _____

Long Term Care Insurance _____

Primary Medical Coverage _____

Secondary Medical Coverage _____ Prescription Coverage _____

MONTHLY INCOME

Social Security	$	_____	Investments	$	_____
Pension or Retirement	$	_____	Other	$	_____
Real Estate	$	_____	Other	$	_____
			Total Monthly Income	$	_____

ASSETS & LIABILITIES

		ASSETS			LIABILITIES
Value of Real Estate	$	_____	Real Estate Mortgage(s)	$	_____
Savings/CDs	$	_____	Credit Card Balances	$	_____
Stocks/Bonds	$	_____	Other	$	_____
Trust	$	_____	Other	$	_____
Other	$	_____	Other	$	_____
Stocks/Bonds	$	_____	Other	$	_____
Total Assets	$	_____	Total Liabilities	$	_____
			Total Net Worth (Assets minus Liabilities)	$	_____

HEALTH INFORMATION

Primary Physician _____ Telephone _____

Present Address _____ Email_____

City _____ State _____ Zip_____

Statement of Health Status

A. Yes ☐ No ☐ Do you use a walker or cane?

Yes ☐ No ☐ Do you need medication management?

Yes ☐ No ☐ Does vision impairment impact your life?

Yes ☐ No ☐ Do your currently have care at home?

Yes ☐ No ☐ Do you have any special dietary needs/allergies?

Yes ☐ No ☐ Have you been diagnosed with a memory impairment?

Yes ☐ No ☐ Do you maintain yearly or more frequent doctor visits?

Explanation of any "yes" responses:

Question No. Explanation

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Name of Medication Dosage Frequency Reason for Taking Medication

_____

_____

_____

_____

To complete your application for the Wait List, please submit a 100% refundable check for $500, or applied to your one-time Community Fee, per person made to the order of Rhoda Goldman Plaza.
Our Nurse Manager will review the application and upon approval, your name will be placed on a Waiting List by date of approval, and a letter of confirmation will be sent to you. A more comprehensive application and its approval will be required by Rhoda Goldman Plaza management, which includes a financial report and health-care supporting documentation, before residency is accepted.

I understand that all information supplied will become part of the agreement I will make with Rhoda Goldman Plaza at the time I become a resident. I understand that any misrepresentation, concealment, or omission may cause the agreement to be voided, and that all the information in this application will be maintained in confidence by Rhoda Goldman Plaza.

_____ _____

SIGNATURE OF APPLICANT OR RESPONSIBLE PARTY DATE