RHODA GOLDMAN PLAZA

Wait List Application
Memory Care

PERSONAL INFORMATION

Preferred Date of Residency ☐ Within 90 days ☐ 90 days – 1 year ☐ 1 year + (or ideal timeframe)

Type of Apartment ☐ Private with shared bath ☐ Private with own bath

Applicant Name(s) _____

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

Present Address _____ Email _____

City _____ State _____ Zip _____ Telephone _____

Marital Status ☐ Single ☐ Married ☐ Widowed Birth Date _____

Previous Profession _____

Educational Background _____

_____

Hobbies/Special 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	$ 0.00

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	$ 0.00	**Total Liabilities**	$ 0.00
		Total Net Worth (Assets minus Liabilities)	$ 0.00

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

_____

Name of Applicant or Responsible Party