



RHODA GOLDMAN
PLAZA

Wait List Application Process

Please submit a check made to the order of Rhoda Goldman Plaza for \$500 per person.
This fee is 100% refundable or applied towards your one-time Community Fee.

General Community

Preferred Date of Residency:

☐ *Within 90 days* ☐ *90 days–1 year* ☐ *1 year+ (or ideal timeframe)*

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

Memory Caring Community

Preferred Date of Residency:

☐ *Within 90 days* ☐ *90 days–1 year* ☐ *1 year+ (or ideal timeframe)*

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

Applicant Info

Name(s) _____

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

Present Address _____

City _____ State _____ Zip _____

Email _____ Telephone _____

Marital Status ☐ Single ☐ Married ☐ Widowed Birth Date _____

Previous Profession _____

Educational Background _____

Hobbies/Special Interests/Clubs _____

Medicare No. _____

Monthly Income

Social Security	\$ _____	Investments	\$ _____
Pension or Retirement	\$ _____	Other	\$ _____
Real Estate	\$ _____	Other	\$ _____

Total Monthly Income \$ _____

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 \$ _____

Medical Coverage

Primary _____ Secondary _____
Long Term Care Insurance _____ Prescription Coverage _____

Health Status Statement

- Yes ☐ No ☐ 1. Do you use a walker or cane?
- Yes ☐ No ☐ 2. Do you need medication management?
- Yes ☐ No ☐ 3. Does vision impairment impact your life?
- Yes ☐ No ☐ 4. Do you currently have care at home?
- Yes ☐ No ☐ 5. Do you have any special dietary needs/allergies?
- Yes ☐ No ☐ 6. Have you been diagnosed with a memory impairment?
- Yes ☐ No ☐ 7. Do you maintain yearly or more frequent doctor visits?

“Yes” Responses Explanation

Question No. Explanation

Medication Name	Dosage	Frequency	Reason for Medication
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Residency Process

Our Nurse Manager will review the application and upon approval:

- your name will be placed on a Waiting List by date of approval
- 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.

Applicant Signature or Responsible Party

Date



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