



Pre-Application for Residency

Thank you for your interest in residency at the Lillie Mansion & Jeppson Rest Home. Please complete and return this application to 26 Harvard Street, Worcester, MA 01609. All information will be kept confidential. Upon receipt of your completed application, a member of our staff will contact you.

General Information — Please print or type

Name _____ Social Security # _____

Address _____ State _____ Zip _____

Phone _____ Email _____ DOB: _____

Gender: Male _____ Female _____ Primary Language _____ Secondary Language _____

Marital Status: Married _____ Single _____ Widow(er) _____ Divorced _____ Separated _____

US Citizen Yes _____ No _____ Race _____

Current or former occupation _____

Is there anyone helping you with your application? Yes _____ No _____

Name _____ Phone: _____ Relationship _____

Do you have a Power of Attorney that handles your finances? Yes _____ No _____

Name _____ Phone: _____ Relationship _____

Current Living Situation

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 _____

Are you currently in a Nursing Home/Rehab? Yes _____ No _____ Assisted Living Community? Yes _____ No _____

Name of Facility: _____ Location: _____

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? _____

Daily Living — Please print or type

Please describe yourself or resident in the following areas:

TASK	Some Assistance	Full Assistance	Comments
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? _____

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

Medical and Insurance Information

Primary Insurance: _____ Member ID _____

Seconday Insurance: _____ Member ID _____

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 _____

Funeral Expenses

Do you have a pre-paid burial account and other arrangements in place? Yes _____ No _____

Company Name: _____ Phone: _____

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 apartment at the Lillie Mansion & Jeppson Rest Home until a Resident Agreement has been signed by all parties involved.

Signature _____ Date of Application _____