



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** _____