

CLARK RETIREMENT COMMUNITY



Application for Residency

PERSONAL INFORMATION

Name _____

Address _____

E-mail Address _____ Phone (_____) _____

Date of Birth _____ Place of Birth _____

Social Security Number _____ Education Level _____

Former Occupation _____

Marital Status Married Single Separated Divorced Widowed

Name of Spouse _____ Living / Anniversary Date _____ Deceased _____

Person to be notified about moving to Clark if other than applicant.

Name _____ Home phone (_____) _____

Address _____ Cell Phone (_____) _____

City / State / Zip _____ Work Phone (_____) _____

E-mail Address _____

Church Affiliation

Denomination _____

Address _____

City / State / Zip _____

Name of Pastor _____ Phone (_____) _____

Would you like to be on? Immediate List (Will move to Clark when accommodation becomes available)
 Future List (Not quite ready to move to Clark)

TYPE OF HOUSING

INDEPENDENT LIVING

TOWNE HOMES

- Franklin Towne Homes 1 Bedroom 2 Bedroom
- Keller Lake Towne Homes 2 Bedroom
- Franklin Duplex or Fourplex 1 Bedroom 2 Bedroom

APARTMENTS

- Franklin 1 Bedroom 2 Bedroom

STUDIOS & SUITES (FRANKLIN CAMPUS)

- Studio Room
- Studio with kitchenette
- Suite with kitchenette

ASSISTED LIVING

- Franklin Assisted Living
- Franklin Dementia Services
- Keller Lake Assisted Living
- Keller Lake Dementia Services

SKILLED NURSING (FRANKLIN CAMPUS)

- Skilled Nursing & Rehabilitation Services
- Skilled Nursing Dementia Services

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INSURANCE INFORMATION

Primary Insurance/Medicare _____ **Policy/Medicare #** _____

Other Health Insurance / Type Of Insurance _____

Name of Insurance Company _____ Phone () _____

Insurance Policy Number _____

Billing Address _____

Long Term Care Insurance _____

Name of Insurance Company _____ Phone () _____

Insurance Policy Number _____

Amount of Coverage _____ Length Of Coverage _____

Billing Address _____

Veteran Status Yes No Spouse Yes No _____

How did you hear about Clark Retirement Community? _____

Why did you select Clark? _____

Do you know someone who lives here? No Yes If yes, who? _____



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EMERGENCY CONTACTS

Clark recommends that residents designate a durable power of attorney (DPOA) and a health care power of attorney which is called a Patient Advocate in Michigan.

Please list each person, their relationship and the level of responsibility (DPOA and/or Patient Advocate). Please list in the order you wish them contacted in the event of an emergency. You give Clark permission to share health information with these individuals.

Name _____ Relationship/Responsibility _____

Address _____

City / State / Zip _____

E-mail Address _____ Phone () _____ Cell Phone () _____

Name _____ Relationship/Responsibility _____

Address _____

City / State / Zip _____

E-mail Address _____ Phone () _____ Cell Phone () _____

Name _____ Relationship/Responsibility _____

Address _____

City / State / Zip _____

E-mail Address _____ Phone () _____ Cell Phone () _____

Funeral Home Preference _____ Phone () _____

Ambulance Preference _____ Phone () _____

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INDIVIDUAL CONFIDENTIAL INFORMATION

ASSETS:

(Please provide a copy of last year's income tax returns and the most recent bank statements, including investments)

Checking Accounts \$	Saving Accounts \$	Real Estate \$
Certificates of Deposit \$	Money Markets \$	
Stocks \$	Bonds \$	Mutual Funds \$
Trusts \$	Name of Trust	Date of Trust
Primary Trustee(s)	Beneficiary(s)	
Other Major Assets (Attach detail) \$		
Total Assets \$		

LIABILITIES – LONG-TERM LOANS, MORTGAGES:

Home Mortgages \$	Auto Loans \$
Other (Attach detail) \$	
Are you a co-signer on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of co-signer
Total Liabilities \$	
Net Worth \$ (Assets minus liabilities)	

MONTHLY INCOME / EXPENSES:

Social Security Income \$	Investment Income \$
Annuities Income (years remaining ____) \$	Pensions Income \$
Long-Term Care Insurance Income \$	Out-of-Pocket Medical Expenses \$ (Medicine, Medical Supplies, Other)

Are these sources of income expected to continue throughout your lifetime? Yes No

If unexpected future developments should reduce your income below the level needed, would family members or others provided needed funds? Yes No

I hereby make my application to Clark Retirement Community and affirm that my answers on this application are true and accurately represent the facts. The assets listed here are pledged for the care of the applicant.

Signature of Applicant _____ Date _____

Please mail your completed application along with a non-refundable processing fee of \$250 per person to:

The \$250 processing fee is not required if you are applying for skilled nursing care in the Keller Center.

Resident Application
Clark Retirement Community
1551 Franklin Street, SE
Grand Rapids, MI 49506

Clark Retirement Community	Franklin Campus 1551 Franklin Street, SE Grand Rapids, Michigan 49506	Keller Lake Campus 2499 Forest Hill, SE Grand Rapids, Michigan 49546	616-452-1568 telephone 800-770-1117 toll free 616-241-5741 facsimile www.clarkretirement.org
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