

Oakwood Lutheran Senior Ministries Application for Residency

Oakwood Village University Woods
6205 Mineral Point Road
Madison, WI 53705
(608) 230-4266
Fax (608) 230-3284



Oakwood Village Prairie Ridge
5565 Tancho Drive
Madison, WI 53718
(608) 230-4000
Fax (608) 230-4001

APPLICATION FOR:

- Ready List - Given availability of the right apartment/suite, I would be ready within 60 days
- Wait List - I'm not quite ready to move to Oakwood Village, but I am planning for my future

OAKWOOD VILLAGE UNIVERSITY WOODS

- Life Lease Apartment Homes
- Rental Apartments
- Assisted Living
- Memory Care

OAKWOOD VILLAGE PRAIRIE RIDGE

- Life Lease Apartment Homes
- Assisted Living
- Memory Care
- Advanced Assisted Living

Style preference: _____

APPLICANT #1

APPLICANT #2

Legal Last Name _____

Legal First Name _____

Legal Middle Name _____

Preferred Name _____

Street Address _____

City, State, Zip _____

Telephone - Home _____

Cell /Work _____

Email _____

Gender Male Female Male Female

Marital Status _____

Birth Date _____

Current Age _____

How did you learn about Oakwood Village? If it was a current resident or advertising, please be specific: _____

MORE INFORMATION:

APPLICANT #1

APPLICANT #2

Former/Current Occupation

Hometown

Veteran

Yes No

Yes No

Religion

Church Name

Address/City

CONTACT INFORMATION:

APPLICANT #1

APPLICANT #2

Will applicant be handling his/her own financial matters at Oakwood?

Yes No

Yes No

If not, please identify the responsible party *(Please provide copy of Financial Power of Attorney)*

Name

Address

City, State, Zip

Telephone

Relationship to Applicant

E-Mail

EMERGENCY CONTACT #1

Name

Address

City, State, Zip

Telephone

Relationship to Applicant

E-Mail

EMERGENCY CONTACT #2

Name

Address

City, State, Zip

Telephone

Relationship to Applicant

E-Mail

FINANCIAL INFORMATION:

We review the following information to evaluate your financial ability to pay for cost of living and possible future care at Oakwood Village. This information is kept confidential but is subject to verification. Incomplete information will delay the processing of your application. **All items listed on this page will be considered available to pay for the cost of services and health care at Oakwood. Please provide copy of your most recent tax return (1040) with this application for verification purposes.**

Joint column only to be used for items not specific to either applicant

Monthly Income	APPLICANT #1	APPLICANT #2	OR	JOINT
Social Security	\$ _____	\$ _____	\$	N/A
Pension	\$ _____	\$ _____	\$	N/A
Annuities	\$ _____	\$ _____	\$	_____
Other: _____	\$ _____	\$ _____	\$	_____

Assets	APPLICANT #1	APPLICANT #2	OR	JOINT
Cash (savings/checking)	\$ _____	\$ _____	\$	_____
Primary Residence (if owned)	\$ _____	\$ _____	\$	_____
Other Real Estate	\$ _____	\$ _____	\$	_____
Stocks/Equity Funds	\$ _____	\$ _____	\$	_____
Monthly Investment Income	\$ _____	\$ _____	\$	_____
IRA/401K	\$ _____	\$ _____	\$	_____
Monthly Investment Income	\$ _____	\$ _____	\$	_____
Bonds/Bond funds	\$ _____	\$ _____	\$	_____
Monthly Investment Income	\$ _____	\$ _____	\$	_____
Trust Assets (if in applicant name)	\$ _____	\$ _____	\$	_____
Trust Fund Monthly Income	\$ _____	\$ _____	\$	_____
Life Insurance (current cash value)	\$ _____	\$ _____	\$	_____

Liabilities

Mortgage(s) \$ _____

Other obligations (Please describe) \$ _____

Have you transferred money or made a significant financial gift (greater than \$5,000) to anyone in the past five years?

Please describe: _____

Long Term Care Insurance

APPLICANT #1

APPLICANT #2

Provider

Benefit Period (lifetime or years)

Elimination Period (days)

Assisted Living Daily Benefit

Skilled Nursing Daily Benefit

Inflation Adjusted (yes or no)

Yes No

Yes No

If yes, indicate percentage

Annual Premium

\$ _____

\$ _____

HEALTH CARE INFORMATION:

APPLICANT #1

APPLICANT #2

Physician

Clinic Name

Address / City

Phone

Fax

Dentist

Clinic Name

Phone

Current Pharmacy

Hospital Preference

Funeral Home

Address / City

Phone

Have you created any of the following documents? Please provide copies.

Power of Attorney-Healthcare

Yes No

Yes No

Financial Power of Attorney

Yes No

Yes No

Burial Trust

Yes No

Yes No

Social Security Number

Medicare/Medicaid Insurance Number

Health Insurance Card

Prescription Drug Coverage

(if different from Health Insurance)

In completing this application, I am aware that

1. The information and financial data in this application will be used to determine eligibility for admission to Oakwood Village.
2. Oakwood Lutheran Senior Ministries will rely upon and is entitled to rely upon the accuracy of my statements.
3. I may be requested to update this application when Oakwood considers it appropriate.

Do you authorize Oakwood Village to conduct a criminal background check of applicant(s)?

Yes No

Do you authorize Oakwood Village to conduct a registered sex offender check of applicant(s)?

Yes No

Do you authorize Oakwood Village to conduct a credit check?

Yes No

Please note that if you do not allow Oakwood Village to conduct a criminal background check, registered sex offender check and credit check, we are unable to process your application.

I declare that the information given in this application is true, full and complete. I give my permission to verify information contained in this application with my doctors, pharmacists and financial advisors.

Signature of applicant _____ Date _____

Signature of second applicant _____ Date _____

Signature of preparer if other than applicant _____ Date _____

Printed name of preparer if other than applicant _____ Date _____

Capacity of signer: Self Spouse Guardian POA-Financial HCPOA

Please include refundable application fee of \$1,000 for independent living.

OAKWOOD VILLAGE reserves the right to accept or reject any applicant for admission. Guidelines for acceptance and participation in Oakwood Village programs are the same for everyone without regard to race, sex, religion, color, sexual orientation, national origin or ancestry, age, disability, marital status or physical appearance, or any other basis prohibited by local, state or federal laws, rules or regulations. Oakwood is an Equal Housing Opportunity community which adheres to all state and federal fair housing laws. Oakwood is a smoke-free community.

Oakwood is a Lutheran ministry serving generations of aging adults, encouraging individuality, worth and well-being throughout life.



Received by: _____

Date: _____

Deposit received: _____ \$1,000.00

Check number: _____

