

Oakwood Village Application for Residency

Oakwood Village Prairie Ridge
5565 Tancho Drive
Madison, WI 53718
(608) 230-4580
Fax (608) 230-4556



Oakwood Village University Woods
6205 Mineral Point Road
Madison, WI 53705
(608) 230-4580
Fax (608) 230-3284

APPLICATION FOR:

- Ready List - Given availability of the right apartment home/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 PRAIRIE RIDGE

- Independent Living Apartment Homes
- Assisted Living
- Memory Care
- Advanced Assisted Living
- Skilled Nursing

OAKWOOD VILLAGE UNIVERSITY WOODS

- Independent Living Apartment Homes
- Assisted Living
- Memory Care
- Skilled Nursing and/or Inpatient Hospice Care

Independent Living Apartment Home Style Preference (view, floor, style, etc.):

	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 Identity	_____	_____
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

Birthplace

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

Email

EMERGENCY CONTACT #1

Name

Address

City, State, Zip

Telephone

Relationship to Applicant

Email

EMERGENCY CONTACT #2

Name

Address

City, State, Zip

Telephone

Relationship to Applicant

Email

CONTACT 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

Gross Monthly Income	APPLICANT #1	APPLICANT #2	OR	JOINT
Social Security	\$ _____	\$ _____		\$ _____
Pension	\$ _____	\$ _____		\$ _____
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	\$ _____	\$ _____		\$ _____
Traditional IRA/401K	\$ _____	\$ _____		\$ _____
Monthly Distribution Amount	\$ _____	\$ _____		\$ _____
Roth IRA	\$ _____	\$ _____		\$ _____
Monthly Distribution Amount	\$ _____	\$ _____		\$ _____
Bonds/Bond Funds	\$ _____	\$ _____		\$ _____
Monthly Distribution Amount	\$ _____	\$ _____		\$ _____
Trust Assets (if in applicant name)	\$ _____	\$ _____		\$ _____
*Trust Fund Monthly Income	\$ _____	\$ _____		\$ _____

**Do not list irrevocable trust information*

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?

Briefly 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate percentage	_____	_____
Annual Premium	_____	_____

HEALTH CARE INFORMATION: (For *Ready List* Applicants Only)

APPLICANT #1

APPLICANT #2

Physician

Clinic Name	_____	_____
Address/City	_____	_____
Phone	_____	_____
Fax	_____	_____

Dentist

Clinic Name	_____	_____
Phone	_____	_____

Current Pharmacy

Hospital Preference

Social Security Number	_____	_____
Medicare Insurance Card*	_____	_____
Health Insurance Card*	_____	_____
Prescription Drug Coverage Card*	_____	_____
(if different from Health Insurance)		

Have you created the following documents?

Power of Attorney - Healthcare*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Power of Attorney*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Copies are required with your application for assisted living, memory care, skilled nursing, and hospice.

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 Village 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 Village 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 of applicant(s)?

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 Date _____

Please include refundable application fee of \$1,000 for independent living. Please make your check out to Oakwood Village. No application fee is required for assisted living or memory care, skilled nursing, or hospice.

Your completed application, along with your deposit (if applicable), can be mailed to the Oakwood Village campus of your preference. See first page of this document for addresses.

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.

Received by: _____

Date: _____

Deposit received: _____ \$1,000.00

Check number: _____

