

# Oakwood Lutheran 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
- Assisted Living
- Memory Care

### OAKWOOD VILLAGE PRAIRIE RIDGE

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

Life Lease style preference (if applicable) \_\_\_\_\_

### 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	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> 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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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*

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

<b>Assets</b>	<b>APPLICANT #1</b>	<b>APPLICANT #2</b>	<b>OR</b>	<b>JOINT</b>
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

\_\_\_\_\_

\_\_\_\_\_

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\*

Yes       No

Yes       No

Financial Power of Attorney\*

Yes       No

Yes       No

\*Copies of these documents/cards with your application for independent living are greatly appreciated. Copies are required with your application for assisted living and memory care.

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 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. No application fee is required for assisted living or memory care.**

*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: \_\_\_\_\_

