

## Grand Avenue Assisted Living

Thank you for your interest in Grand Avenue Assisted Living. Our beautiful facility provides a wonderful solution for those in need of some assistance. Our spacious one-bedroom suites are furnished and decorated by our residents with their own treasured belongings and we offer a wide array of supportive services and amenities to promote dignity and independence.

Our number one goal is to provide a caring, nurturing residential community for those in need of an extra helping hand, whether it is for a permanent home or short-term respite, or after a hospital, skilled nursing, or rehab stay.

### Suite Features

- Kitchenette
- Large Bathroom
  - With handicapped assistive features
  - Walk-in shower with safety grab bars
- Fire/Smoke Detectors, Sprinkler System
- Closets
- Nurse Call system
- In Floor Heat
- Phone and Cable Hook-Ups
- Wireless Internet

### Common Areas

- Full Service Dining Room
- Seasonal Porch
- Fireplaces
- Comfortable Sitting Areas

### Services/Amenities

- Assistance with Personal Care
  - Such as bathing, dressing, and grooming
- Assistance with Housekeeping and Laundry Services
- Round-the-Clock Staffing
- Assistance with Medication Monitoring
- Social and Recreational Activities

### Stores/Conveniences

- Hair Salon
- Private Mailboxes
- On-Site Parking
- Physical, Occupational, or Speech Therapy
- All Handicapped Accessible
- Secure Environment

An application for residency is enclosed for your convenience. If you would like to apply, please complete the pre-application and prospective residential financial information and return them to our management offices at Grand View Care Center: P.O. Box 27, 620 Grand View Ave, Blair, WI 54616. If you have any questions, please call (608) 989-2511, and someone will be more than willing to assist you.

We look forward to hearing from you.

# Sample Suite



**Approximately 298 Square feet**

*Living Space (13' -4" x 13' -6")*

Cable and phone hook-ups, Large Window

*Bathroom (7'-8" x 8'-10")*

Vanity, shower, wheelchair accessible

## Grand Avenue Assisted Living Pre-Application for Residency

Thank you for your interest at Grand Avenue Assisted Living. Please complete and return this application to P.O. Box 27, 620 Grand View Ave, Blair, WI 54616. 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 #:	
<hr/>		
Address:		
<hr/>		
State:	Zip:	Phone:
<hr/>		
Birthday:	Place of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<hr/>		
Primary Language:	Secondary Language:	
<hr/>		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
<hr/>		
Former Occupation:		
<hr/>		
Is there anyone helping you with your application? If so, may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<hr/>		
Name:	Relationship:	
<hr/>		
Address:	Phone:	
<hr/>		

### **Current Living Situation**

Do you own your home or rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> How many years?	
<hr/>	
What type of house do you live in? <input type="checkbox"/> Apartment <input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condo <input type="checkbox"/> Other	
<hr/>	
Where did you live prior to this?	
<hr/>	
What is your approximate monthly income?	
<hr/>	
Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you intend to maintain it? <input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Do you drive yourself regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>	
Who helps you at home?	
<hr/>	
How do they help you?	
<hr/>	
Do you have any services to assist you at home? If so, please list service agencies and the types of assistance they provide:	
<hr/>	
What is the reason you are considering Grand Avenue?	
<hr/>	
Are you currently in a Skilled Nursing Facility/Rehab? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>	
Name of Facility:	Location:
<hr/>	

**Daily Living** – Please print or type

How do you enjoy spending your time? What hobbies do you have? \_\_\_\_\_

**Please use an "X" to describe yourself in the following areas:**

TASK	Some Assistance	Full Assistance	Comments:
Preparing Meals			
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? \_\_\_\_\_

**Medical and Insurance Information**

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 smoke?  Yes  No

Please list all of your medical insurances, including supplemental and long term care: \_\_\_\_\_

**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 a room at Grand Avenue Assisted Living until an Admission Agreement has been signed by all parties involved.**

**Signature of Applicant:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Grand Avenue Assisted Living**  
**Prospective Residential Financial Information**

Please complete this form and return it with your application. All information will be kept confidential.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Income**

Social Security: gross monthly \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Annuity: \$ \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Trust Account: \$ \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

**Approximate Total Value: \$** \_\_\_\_\_

**Real Estate** (within the last 5 years, in applicant's name, joint ownership, or trust)

Location: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Mortgage: \$ \_\_\_\_\_

Rental Income: \$ \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Mortgage: \$ \_\_\_\_\_

Rental Income: \$ \_\_\_\_\_

**Approximate Total Value: \$** \_\_\_\_\_

**Bank Accounts** (within the last 5 years, in applicant's name, joint ownership, or trust)

Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Acct #: \_\_\_\_\_

Address: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Acct #: \_\_\_\_\_

Address: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Bank: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Acct #: \_\_\_\_\_

Address: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

**Assets** (within the last 5 years, in applicant's name, joint ownership, or trust)

Cert. Of Deposit – Bank: Account #: Annual Income:

Address:

Cert. Of Deposit – Bank: Account #: Annual Income:

Address:

Cert. Of Deposit – Bank: Account #: Annual Income:

Address:

Stocks – Brokerage Firm: Account #: Annual Income:

Address:

Bonds - Company: Account #: Annual Income:

Address:

**Cash on Hand:**

**Life Insurance Policies** (within last 5 years, in applicant's name, joint ownership, or trust)

Company: Address:

Policy #: Approx. Value: \$

Company: Address:

Policy #: Approx. Value: \$

Company: Address:

Policy #: Approx. Value: \$

**Long Term Care Insurance**

Any long term care policies that cover Assisted Living or Supportive Services?  Yes  No

If yes, list company and policy #:

Amount Paid for Services: \$

Any other sources of income: **(Please describe)**

Any debts, mortgages or other financial obligations that would affect the income assets:

*The financial information in this statement is true and is submitted in consideration for residency at Grand Avenue Assisted Living.*

Signature

Name

Date