LUTHER MEMORIAL HOME

FOR OFFICE USE ONLY	
File No.:	
Apt No.:	
Rent Date:	

Rental Application – Sun Center Apartments

Personal Information

Date of Application _____

Applicant Name: _____
Last (include maiden) First Middle Nickname

Current Address: _____
Street City State Zip Code County

Phone Numbers: _____
Home Cell Other phone no. you can be reached

Social Security No.: _____ Birth Date: _____ Gender: _____

Where is applicant now? Apartment, hospital, nursing home, other, (please provide address and phone number): _____

_____

Would applicant want a 1 or 2 bedroom apartment? _____

Marital Status: ❑ Married ❑ Widowed ❑ Never Married ❑ Separated ❑ Divorced

If married, please list spouse's name: _____

Veteran Status: Are you a Veteran? ❑ Yes ❑ No What Branch? _____

Is your spouse a Veteran? ❑ Yes ❑ No What Branch? _____

Criminal Status: Have you ever been convicted of or plead guilty to a crime in a court of law (including sexual offense)?

❑ Yes ❑ No State _____ County _____

How did you hear about us? ❑ Media ❑ Word of Mouth ❑ Healthcare Provider

❑ Other, explain _____

Person to contact regarding application _____

Emergency Notification – list in order of whom you prefer we contact first

	Contact Name	**Relationship**	**Address**	**Phone No.**
1.				H:
	Email Address:			W:
				C:
2.				H:
	Email Address:			W:
				C:
3.				H:
	Email Address:			W:
				C:

Billing

Billing Party	Relationship	Address	Phone No.
1.			H:
Email Address:			W:
			C:

Insurance	Policy No.	Company	Phone No.
Medicare (MBI #)			
Supplemental Insurance			
Long Term Care Insurance			
Other			

Medical Information

Primary Physician: _____ Phone No.: _____

Pharmacy: _____ Phone No.: _____

Would applicant be able to use a call light to signal for help? ❑ Yes ❑ No

Generally describe applicant's physical condition. _____

_____

_____

_____

Be thorough in completing the following:

Any food intolerance or dislikes: _____

_____

_____

Any special diet or dietary restrictions: _____

_____

_____

To better serve you in case of emergency, the following information would be very helpful. Please be thorough if there is not enough room please attach information on a separate sheet of paper.

1. Allergies: _____
2. Medications: _____
3. Diagnosis: _____
4. Surgical Procedures: _____

Advanced Directives

Advanced Directives – check all that apply (**copies required upon admission**):

❑ Durable Power of Attorney Finances Name of Responsible Party _____

❑ Durable Power of Attorney Healthcare Name of Responsible Party _____

❑ Guardian Name of Responsible Party _____

❑ Living Will Name of Responsible Party _____

PLEASE NOTE

Luther Memorial Home reserves the right to terminated lease within 30 days if problems arise, such as:

- Offensive odor due to incontinence, or poor hygiene.
- Socially inappropriate actions.
- Unsafe use of stove, which may be a fire hazard to self and to others.
- Incontinence that is unmanageable by tenant. Tenant as 30 days to seek treatment/services to rectify this problem.
- Mental confusion that could possible put self or others at risk. Again, treatment/services must be sought to determine if this is a permanent or temporary condition (caused by bladder infection, medication error, etc.).
- Other issues not included above, but determined on an individual basis that may require Luther Memorial Home management to extensively refurbish apartment, may result in termination of lease, as well.

Luther Memorial Home management reserves the right to require evaluation by admission/discharge team which may include ADL (Activities of Daily Living) assessment, mental capacity test, or any other assessment needed to determine ability to remain in assisted living.