THE IVY APARTMENTS
AT THE IMPERIAL

RESIDENCY APPLICATION

Information submitted on this application is confidential and will be used only for the purposes of determining eligibility into The Ivy Apartments. Please complete all requested information.
If you have any questions or require assistance with this application, please call us at: 773-472-8400

HOW DID YOU HEAR ABOUT US? _____

PROSPECT INFORMATION

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Apartment/Unit#_____

City: _____ State: _____ Zip: _____

Sex: □ Male □ Female Prospect Email Address: _____

Date of Birth: _____ /_____ / _____ Age: _____ Social Security #: _____-_____-_____

Marital Status: □Single □Married □Divorced □Widowed

Do you have the following:

□Medicare Medicare #: _____

□Medicaid Medicaid Recipient #: _____

□Private Insurance Insurer: _____Group #: _____Member ID: _____

Have you ever resided in one or more of the following (please indicate where and how long you have resided there):

□Nursing Home: _____

□Assisted/Independent Living: _____

Why did you leave the facility? _____

MEDICAL INFORMATION

Physician Name: _____ Phone: _____ Fax: _____

Address: _____ Suite #_____

City: _____ State: _____ Zip: _____

Any Known Allergies (Please list): _____

Do you currently use the services of a caregiver? □Yes □No

If yes, please explain: _____

Current Health Status / Diagnosis: Primary: _____

Secondary: _____

Tertiary: _____

Any diagnosis of a mental illness? □Yes □No

If yes, please explain: _____

Recent hospitalizations? □Yes □No

If yes, please indicate date admitted and reason for hospitalization: _____

_____

List ALL prescribed and over-the-counter medications:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Please indicate if you will need assistance with any of the following Activities of Daily Living:

□Medication Management (oversight, ordering, reminders)
□Bathing □Dressing □Grooming □Toileting □Transferring
□Escort Service □Incontinence □Housekeeping □Laundry
□Other:_____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1: _____Relationship: _____

Address: _____ Apartment/Unit#_____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact #2: _____Relationship: _____

Address: _____ Apartment/Unit#_____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

FINANCIAL INFORMATION

Please indicate your monthly income for the following:

Social Security: $_____ Pension: $_____ Annuity: $_____

Other: $_____ Please list the total cash value of ALL assets in your name: $_____

Please indicate the sources of all assets: _____

I certify that the information listed on this Preliminary Application for residency is true to the best of my knowledge. I understand that providing false information may be grounds for denial of my application.

Signature: _____ Date: _____