

Thank you for your interest in the VNA Senior Living Communities in Somerville, MA. We own and operate two senior living residences and a rest home. We provide a dignified and caring home for those who wish to live independently as well as those who need more help.

## Senior Living Residences:

### VNA Senior Living Communities at Alewife Brook Parkway

Our spacious, one bedroom apartments offer a wide array of services and amenities at a price that is unmatched in the Greater Boston area. There are many options to access the personal care services you need. We can provide a list of different agencies to work with for home care services.

#### Services / Amenities

- Assistance with housekeeping & laundry services
- Service coordinators who can help you arrange for: personal care such as bathing, dressing and grooming
- Assistance with medication reminders
- Bedmaking and trash removal (M-F)
- Round-the-clock staffing
- Access to primary care, visiting nurses, and rehabilitation therapists
- Fun activities: exercise, arts & crafts, games, music, and more

#### Common Areas

- Full service dining room
- Beautiful country kitchen
- Patio areas and covered porch
- Library & activity room
- Lovely gardens with ponds

#### Apartment Features

- Kitchenette
- Large bathroom
  - ~ with handicapped assistive features
  - ~ walk-in shower with safety grab bars
- Individual air-conditioning/heating system
- Emergency Response System
- Fire/smoke detectors, sprinkler system

#### Conveniences

- Hair salon
- General store
- Private mailboxes
- On-site parking
- Private dining for special occasions
- Multi-denominational religious/spiritual services
- Pharmacy deliveries

### VNA Senior Living Rest Home at Highland Avenue

The Rest Home option is perfect for those that need more help, and an excellent alternative for some who thought their only choice was a skilled nursing facility. Residents in our Rest Home enjoy their own private room with private half bath, and is situated on four lovely acres of landscaped grounds in the heart of Somerville. Our programming includes fun, educational, and spiritual activities. At the Rest Home our associates can help with:

- Transfers/ambulation
- Bathing/showering/grooming
- Incontinence assistance
- Medication administration (not just medication reminders)
- Special dietary requirements
- Diabetes management
- Options for primary care visits, visiting nurses, rehabilitation therapists and the PACE program (if enrolled).

An application for residency is enclosed for your convenience. If you have questions, please call (617) 776-9800, and someone will be more than happy to assist you. We look forward to hearing from you.

## PRE-APPLICATION FOR RESIDENCY

Thank you for your interest in the VNA Senior Living Communities in Somerville, MA. Please complete the Pre-application, as well as the Pre-assessment and CORI forms. You can fax to: 617-629-7926 or you can scan and email to: info@vnaem.org. You are also welcome to send by mail to: VNA Senior Living Community, 405 Alewife Brook Parkway, Somerville, MA 02144. We look forward to working with you.

### General Information – Please print or type

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Other \_\_\_\_\_ Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

Marital Status: Married \_\_\_ Single \_\_\_ Widow/er \_\_\_ Divorced \_\_\_ Separated \_\_\_

Current or former occupation \_\_\_\_\_

Is there anyone helping you with your application? If so, may we contact them? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Is this person listed above also your emergency contact? Yes \_\_\_ No \_\_\_

If no, please list your emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Current Living Situation

Do you own your home or rent? Own \_\_\_ Rent \_\_\_ How many years? \_\_\_\_\_

What type of housing do you live in? Apartment \_\_\_ Single-Family \_\_\_ Multi-Family \_\_\_ Condo \_\_\_ Other \_\_\_

Where did you live prior to this? \_\_\_\_\_

Your approximate monthly income? \$ \_\_\_\_\_ Do you own a car? \_\_\_\_\_ Do you intend to maintain it? \_\_\_\_\_

Do you drive yourself regularly? \_\_\_\_\_ Who helps you at home? \_\_\_\_\_

How do they help you? \_\_\_\_\_

Do you have any services to assist you at home? If so, please list service agencies and the types of assistance they provide \_\_\_\_\_

What is the reason you are considering supportive housing? \_\_\_\_\_

Are you currently in a Skilled Nursing Facility/Rehab? Yes \_\_\_ No \_\_\_

Name of Facility: \_\_\_\_\_ Location: \_\_\_\_\_

## 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	_____	_____	_____
Toileting	_____	_____	_____
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? (please attach list) \_\_\_\_\_

Do you smoke? Yes \_\_\_ No \_\_\_ When did you quit (if applicable) \_\_\_\_\_

Do you require assistance/reminders to administer your medication(s)? Yes \_\_\_ No \_\_\_

Do you require assistance with a special diet or eating? Yes \_\_\_ No \_\_\_ (describe) \_\_\_\_\_

Do you require assistance with toileting? Yes \_\_\_ No \_\_\_ (describe) \_\_\_\_\_

Please list all 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 an apartment at the VNA Senior Living Communities until a Resident Agreement has been signed by all parties involved.***

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

Do you have a Power of Attorney? If yes, provide name: \_\_\_\_\_

(Completion of this section is voluntary) In order to help us carry out our responsibilities under applicable Fair Housing Laws, we ask that you identify yourself by one of the following designations: (Please circle only one)

White African-American Asian Latino Native American Eskimo Other \_\_\_\_\_



The VNA Senior Living Communities are committed to the principals of equal opportunity. The residences do not discriminate against individuals on the basis of race, color, gender, sexual orientation, religion, age, ancestry, national or ethnic origin, disability or veteran status in its application process.





# VNA Senior Living

SENIOR LIVING RESIDENCES \* REST HOME \* HOME CARE

VNA OF EASTERN MASSACHUSETTS

## PROSPECTIVE RESIDENTIAL FINANCIAL INFORMATION

Please complete this form and return it with your application. Note: if an entire section does not apply, indicate by writing in "N/A. 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 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 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 last 5 years, in applicant’s name, joint ownership, or trust)**

Cert. Of Deposit – Bank: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
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Address: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
Cert. Of Deposit – Bank: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
Stocks – Brokerage Firm: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
Bonds – Company: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_ Annual Income \$ \_\_\_\_\_  
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: \$ \_\_\_\_\_  
Funeral Trust: \_\_\_\_\_ Address: \_\_\_\_\_  
Policy # \_\_\_\_\_ Approx. Value: \$ \_\_\_\_\_

**Long Term Care Insurance**

Do you have any long term care policies that cover senior living communities, long term care or home care?  
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 & is submitted in consideration  
for residency at the VNA Senior Living Communities.

\_\_\_\_\_  
Signature Date