

# Hillview Terrace ASSISTED LIVING

## APPLICATION FOR TENANCY

<http://www.lacrossecounty.org/hillview/assistedliving/>

Applicant 1

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

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

Birthday Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Applicant 2

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

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

Birthday Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Application of Date: \_\_\_\_\_ Desired Move in Date: \_\_\_\_\_

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

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

A Smoke free  
Campus


No  
Pets

*Please indicate 1st and 2<sup>nd</sup> preference.*

Studio \_\_\_\_\_

One Bedroom \_\_\_\_\_

Two Bedroom \_\_\_\_\_



Additional Information: \_\_\_\_\_

Have you, or any person named above, been convicted of a crime? \_\_\_\_\_

Have you, or any person named above, been evicted or asked to leave? \_\_\_\_\_

Are you a member of Family Care (Western Wisconsin Cares)? \_\_\_\_\_

All applications are processed, filed chronologically Mon-Fri. according to when they're received. We'll contact you soon thereafter. All applications are nonbinding & do not guarantee admission. Prior to admission a functional assessment will be done by the manager & RN. The purpose of the assessment is to assure that we are able to meet your needs and care for you safely.

**\*Please review criteria for admission prior to submission.**

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## Admission Criteria

- Be 62 years of age or older;
- Be able to accept risk, sign an agreement; Is competent & does not have a guardian or activated POA;
- Be able to make care decisions or share apt with competent spouse or other with legal responsibility;
- Be capable of recognizing danger, summoning assistance and expressing need;
- Be generally alert and oriented to time, place and persons;
- Be capable of acceptable interaction with others without aggressive or combative behaviors;
- Require fewer than 28 hours of services per week from Hillview Terrace
- Not have a medical condition that requires immediate availability of a nurse (24) hours a day;
- Be able to move about safely with or without assistive devices such as canes, walkers, etc.
- Be able to assist in transfer (no two-person transfers or use of a mechanical lift for transfer);
- Be able to follow the house rules, policies and procedures
- Be able to eat without supervision or assistance;
- Be continent of bowel and bladder or else be on a successful SELF-managed incontinence program.
- Allow the facility to conduct a comprehensive pre-admission assessment, financial and background check; admission may be denied based on the outcome of these checks
- Tenant/family required to maintain responsibility of making medical appointments & for escorting & transportation of tenants to medical appointments; unless part of service agreement
- Provide to the facility: Evidence from a physician that potential resident is free from communicable disease; TB test; and evidence of financial viability for at least 2 years

Checking account: amt \_\_\_\_\_ Savings account: amt \_\_\_\_\_ other: (Real estate, stocks, bonds, pension, SSI, etc...) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicare number (Including letter): \_\_\_\_\_

Medical Assistance number: \_\_\_\_\_ Prescription Insurance Information: \_\_\_\_\_

***Tenant must inform us of when their funds reach an estimated value of 6 months worth of the cost to live at Hillview Terrace. At that time the tenant will be advised to contact the ADRC and either must apply for assistance or subsidize their rent and services through other sources such as family members. We have a contract with WWC for studio apt.***

If Renting, Current Landlord Information is required: Name of apt bldg if applicable and landlord, please print  
\_\_\_\_\_ Address & Phone: \_\_\_\_\_

According to the best of my knowledge, I meet the criteria above & the foregoing information is complete & accurate. Falsifying or an incomplete application is reason for denial. If application is approved, we'll visit & perform our functional screen to ensure we can safely care for you. A lease is then signed. There's no rental agreement with the facility prior to signing a lease. I hereby authorize the Manager to investigate my credit/financial background, income & rental history. My performance under any lease/rental agreement that I may enter with the manager may be sent to a reporting agency. It's the Managers discretion for discharge from Hillview Terrace.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_