



Valley Memorial Homes Assisted Living

FOR OFFICE USE ONLY

Wheatland Terrace
4006 24th Avenue South
Grand Forks, ND 58201
Phone: 701-787-7563
Fax: 701-787-7564

Tufte Manor
3300 Cherry Street
Grand Forks, ND 58201
Phone: 701-775-2581
Fax: 701-775-2259

File No.	_____
Facility	_____
Apt No.	_____
Rented	_____

Application for Tenancy

Thank you for your interest in Wheatland Terrace/Tufte Manor. Please complete this application and return to the appropriate facility. This information will be held in strictest confidence by the administrative office.

1. Applicant Name _____
2. Telephone _____
3. Present Address _____

4. Birth Date _____
5. Social Security # _____
6. Medicare # _____
7. Insurance: Primary Insurance _____
8. Nursing Home/Assisted Living Policy #: _____
Company _____
9. Marital Status _____ Single _____ Married _____ Widowed _____ Divorced
10. Are you or your spouse a Veteran? _____ Yes _____ No
11. Religion: _____
12. Church Affiliation: _____
13. Physician Name: _____ Telephone: _____
14. Dentist Name: _____ Telephone: _____

You may be eligible for VA Aid & Attendance Benefit

15. Optometrist: _____ Telephone: _____

16. Pharmacy: VMH utilizes the following pharmacies. Please select one:

___ Thrifty White ___ Medicap ___ Altru Clinic ___ Walls Medicine Center

17. Funeral Home Name: _____ Telephone: _____
Address: _____

18. Have you appointed a Power of Attorney for Financial Matters ? ___ Yes ___ No *(If yes, please include a copy of this document for our records.)*

Name _____ Address _____ Phone _____

19. Have you appointed a Power of Attorney for Health Care Matters ? ___ Yes ___ No *(If yes, please include a copy of this document for our records.)*

Name _____ Address _____ Phone _____

20. Do you have Advanced Directives/Living Will? ___ Yes ___ No *(If yes, please include a copy of this document for our records.)*

21. Family Contacts *(enter emergency contact first):*

(#1 Contact will be the person we contact for regular communication; your name will also be provided to our Foundation)

Name: _____ Home Telephone : _____
Address: _____ Work Telephone: _____
Cell Phone: _____
Email address: _____
Relationship: _____

Name: _____ Home Telephone : _____
Address: _____ Work Telephone: _____
Cell Phone: _____
Relationship: _____

Name: _____ Home Telephone : _____
Address: _____ Work Telephone: _____
Cell Phone: _____
Relationship: _____

22. Billing Address:

Name: _____ Home Telephone : _____
Address: _____ Work Telephone: _____
Cell Phone: _____
Relationship: _____

FINANCIAL DISCLOSURE

Monthly Income	<u>Amount</u>
Social Security	
Retirement Plan	
Interest	
Other – Specify	

ASSETS

	Institution	Acct. Balance	Used as Collateral
Checking			
Savings Accts, CD's, Stock, Money Markets			
Other – Specify			

Life Insurance

Company	Policy #	Cash Value

Property (Specify)	Value	Mortgage Holder	Balance of Mortgage

I understand and agree that the foregoing application is not a contract or reservation for residence, in that by completing this application there is no assurance of tenancy. Nothing contained herein is binding on either party until a Lease Agreement has been signed by the parties involved.

I certify that the information which I have provided in this application is true and correct to the best of my knowledge and belief. I authorize agents of Wheatland Terrace or Tuftes Manor to verify the information contained in this application and to investigate any information further.

Date

Signature of Applicant