

**WINDSOR COURT ASSISTED LIVING**  
**401 Burwash Avenue**  
**Savoy, IL 61874**

**PRELIMINARY APPLICATION FOR RESIDENCY**

Applicant Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Telephone # \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Current or Former Occupation \_\_\_\_\_

Marital Status (circle): *Married Single Widow/er Divorced Separated*

Current Deposits with Windsor Court \_\_\_\_\_

Please list all of your medical insurance coverage, including supplemental & long-term care:

\_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_ Policy # \_\_\_\_\_

**In case of emergency, please call:**

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

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**CURRENT LIVING SITUATION**

Do you currently own your home or rent (circle): *Own Rent*

Name of Landlord/Owner/Manager \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Current Monthly Rental Rate \_\_\_\_\_

Type of Residence (circle): *Apartment* *Single Family* *Multi-family* *Condo* *Other*

Do you own an automobile (circle)? *Yes* *No*

Make/Model/Year \_\_\_\_\_

Do you drive regularly (circle)? *Yes* *No*

Do you intend to maintain a car (circle)? *Yes* *No*

Do you require someone to live with you at the present time (circle)? *Yes* *No*

If yes, indicate name: \_\_\_\_\_

Reason for this need: \_\_\_\_\_

If no, do you require someone to visit you during the day (circle)? *Yes* *No*

What is the reason for this visit? \_\_\_\_\_

How long is one visit? \_\_\_\_\_

Are you considering other housing alternatives (circle)? *Yes* *No*

If yes, please explain \_\_\_\_\_

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Are there any problems or concerns that our staff should be aware of or any special support you might need to live successfully in our community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### **MEDICAL INFORMATION**

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Hospital Affiliation \_\_\_\_\_

Please describe your present state of health: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

When was your last visit to your doctor? \_\_\_\_\_

Are you on any medications at the present time (circle)?      *Yes*      *No*

If yes, list medication(s) and condition being treated:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Do you require assistance to administer the medication (circle)?      *Yes*      *No*

Are you on a special diet (circle)?      *Yes*      *No*

If yes, please describe: \_\_\_\_\_

Do you require any assistance with walking such as a cane, walker or wheel chair?

\_\_\_\_\_

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### **DAILY LIVING**

Please check the column of the response that best describes your ability to perform the following activities of daily living:

<b>Activity</b>	<b>“I can handle myself”</b>	<b>“I need some assistance”</b>
Bathing Assistance		
Clothing Selection		
Dressing Assistance		
Mouth or Skin Care		
Shaving or Grooming		
Toileting		
Escort/Mobility		
Medication Reminder		
Night Care		

What are your personal interests? \_\_\_\_\_

How do you like to spend your time? \_\_\_\_\_

Is there any other information we should be aware of when reviewing your health and medical concerns?

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*I understand and agree that this application is neither a contract, nor a reservation for residence. Nothing contained in this document is legally binding on either myself or the community to which I am applying for residency, until a Residency Agreement has been approved and signed by all parties involved.*

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_