



2731 Jamaica Blvd. South
Lake Havasu City, AZ 86406

(928) 733-3048

Residential Request Form

RESIDENT INFORMATION

Today's Date _____ Requested Resident Date _____

Name _____ Nickname / Preference _____

Current Address _____

Date of Birth _____ Age _____ Place of Birth _____

Marital Status _____ Sex _____

OTHER CONTACTS

Name _____ Relationship _____

Address _____ Phone _____ Cell _____

Name _____ Relationship _____

Address _____ Phone _____ Cell _____

PAYMENT OPTIONS

Private Pay Yes No Responsible Party _____

ALTCs Yes No Responsible Party _____
(Arizona Long Term Care System)

Other Insurance Yes No Responsible Party _____

APPOINTMENT

What day(s) and time(s) would be best to schedule an appointment, with you and/or the family, to tour our home and to talk to our administrator? We will get back to you with an appointment as soon as possible.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____
Time _____ Time _____ Time _____ Time _____ Time _____ Time _____ Time _____

Please print and fill out form. Request submitted prior to the re-opening can be submitted by mail (send or drop in mail box out front) or email to Admin@NeighborsAssistedLiving.com. Please feel free to call for any additional information or any questions you may have and we will get back to you right away.