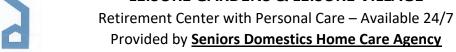
LEISURE GARDENS & LEISURE VILLAGE





4 & 6 Dewberry Dr • Presque Isle, ME 04769 • Tel (207)764-7322 • Fax (207)764-7321

Doug Cyr – Manager – <u>dcyr@leisuregardens.me</u>

Brandi Saucier – Home Care Director – <u>bsaucier@leisuregardens.me</u>

APPLICATION FOR RESIDENCY

General Information:									
Name						Date of Birth			
Address					Phone Number(s)				
						Gender	□ Male	□ Female	
Primary Language						Secondary Language			
Current Occupation						Former Occupation			
Size of Apartment Desir	ed:	□ Stud	lio/Effici	end	У	□ 1 Bedroom	□ 2 Bedr	room	
Do You Smoke?	□ Yes	□ No		Tł	nere i	s absolutely no	smoking in	side the building.	
Oo You Have A Cat? □ Yes □ No				An indoor cat is allowed with an extra \$500 security deposit. No other types of pets are allowed.					
Medical Conditions:									
History of mental illness	 5?		□ Yes		No	Explain			
History of physical or verbal violence? Yes									
Criminal history?									
Current Living Situation	<u>1:</u>					•			
Monthly Income Fro					om V	Vhat Source?			
Bank Accounts Total					□ \$10,001 - \$50,000 □ \$50,001+				
***Income is used to e	nsure af	fordabil	ity of the	e ap	oartn	nent & services	you are see	eking	
Current Residency		□ Owr	n 🗆 Ren	t		For How Many	Years?		
Do You Own A Vehicle?		□ Yes	□ No			Do You Curren	tly Drive?	□ Yes □ No	

rast Kesidein	<u>.::-5.</u>	
Address		Dates Resided Phone(s)
		Phono(s)
Personal Refe	erences.	
		ip Phone(s)
		ip Phone(s)
Assistance No		
	tivities do you need help with	1?
□ Walking□ Toileting	□ Wheelchair Assistance	□ Dressing □ Grooming □ Housekeeping □ Bathing □ Meal Preparation □ Fall Risk □ Confusion □ Need For Redirection
Do you requir	re special equipment or device	es? □ Yes □ No
If so,	explain	
Do you requir	re a special diet? Yes	No
If so,	explain	
Do you have o	current assistance services pro	ovided by someone or an Agency? □ Yes □ No
If so,	by whom	
Have there be	een recent major events that I	have caused a need to move?
If so,	explain	
Why would yo	ou like to live at our facility?_	
Person to con	tact if there are questions wit	th this application:
Name		Relationship
Address		Phone Number(s)
acceptance in	to our facility, nor does it enti	n For Residency does not warrant the below signee itle the reservation of an apartment. All information provided in our facility and is kept strictly confidential.
Signature of A	Applicant	Date of Application