



## LEISURE GARDENS & LEISURE VILLAGE

Retirement Center with Personal Care – Available 24/7

Provided by **Seniors Domestics Home Care Agency**

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

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### 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 Desired: ☐ Studio/Efficiency ☐ 1 Bedroom ☐ 2 Bedroom

Do You Smoke? ☐ Yes ☐ No

There is absolutely no smoking inside the building.

Do 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? ☐ Yes ☐ No Explain \_\_\_\_\_

History of physical or verbal violence? ☐ Yes ☐ No Explain \_\_\_\_\_

Criminal history? ☐ Yes ☐ No Explain \_\_\_\_\_

#### **Current Living Situation:**

Monthly Income \_\_\_\_\_

From What Source? \_\_\_\_\_

Bank Accounts Total ☐ \$0 - \$10,000 ☐ \$10,001 - \$50,000 ☐ \$50,001+

\*\*\*Income is used to ensure affordability of the apartment & services you are seeking

Current Residency ☐ Own ☐ Rent

For How Many Years? \_\_\_\_\_

Do You Own A Vehicle? ☐ Yes ☐ No

Do You Currently Drive? ☐ Yes ☐ No

**Past Residencies:**Address \_\_\_\_\_  
\_\_\_\_\_Dates Resided \_\_\_\_\_  
Phone(s) \_\_\_\_\_Address \_\_\_\_\_  
\_\_\_\_\_Dates Resided \_\_\_\_\_  
Phone(s) \_\_\_\_\_**Personal References:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Assistance Needed:**

What daily activities do you need help with?

- |                                    |  |                                    |   |   |
|------------------------------------|--|------------------------------------|---|---|
| <input type="checkbox"/> Walking   | <input type="checkbox"/> Wheelchair Assistance   | <input type="checkbox"/> Dressing  | <input type="checkbox"/> Grooming         | <input type="checkbox"/> Housekeeping         |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Getting Up/Sitting Down | <input type="checkbox"/> Bathing   | <input type="checkbox"/> Meal Preparation |   |
| <input type="checkbox"/> Eating    | <input type="checkbox"/> Medications             | <input type="checkbox"/> Fall Risk | <input type="checkbox"/> Confusion        | <input type="checkbox"/> Need For Redirection |

Do you require special equipment or devices? ☐ Yes ☐ No

If so, explain \_\_\_\_\_

Do you require a special diet? ☐ Yes ☐ No

If so, explain \_\_\_\_\_

Do you have current assistance services provided by someone or an Agency? ☐ Yes ☐ No

If so, by whom \_\_\_\_\_

Have there been recent major events that have caused a need to move? ☐ Yes ☐ No

If so, explain \_\_\_\_\_

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

Why would you like to live at our facility? \_\_\_\_\_

\_\_\_\_\_

Person to contact if there are questions with this application:

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

Address \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

\_\_\_\_\_

*I understand and agree that this Application For Residency does not warrant the below signee acceptance into our facility, nor does it entitle the reservation of an apartment. All information provided above is intended for evaluation of fit within our facility and is kept strictly confidential.*

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_