



**MEADOW WOOD RCAC  
TENANT AUTHORIZATION FORM**

Tenant: \_\_\_\_\_ Apt. \_\_\_\_\_

Please list in order of preference, the person to be notified in a medical emergency or change in condition (only one person will be contacted).

1. Emergency Call #1: \_\_\_\_\_

Name		Relationship		Address	
City	State	Zip Code	Home Phone	Work Phone	Cell Phone
EMAIL: _____			FOR NON EMERGENT UPDATES		

2. Emergency Call #2: \_\_\_\_\_

Name		Relationship		Address	
City	State	Zip Code	Home Phone	Work Phone	Cell Phone

3. Emergency Call #3: \_\_\_\_\_

Name		Relationship		Address	
City	State	Zip Code	Home Phone	Work Phone	Cell Phone

4. Emergency Call #4: \_\_\_\_\_

Name		Relationship		Address	
City	State	Zip Code	Home Phone	Work Phone	Cell Phone

Persons who may receive medical information only: (will not be called for emergencies)

Name \_\_\_\_\_ Rela. \_\_\_\_\_ Name \_\_\_\_\_ Rela. \_\_\_\_\_

Durable of Power of Attorney for Health Care : Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Power of Attorney for Finance: Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



This financial information will be used by Meadow Wood Residential Care Apartments to determine your ability to meet financial obligations. Further information regarding asset and income requirements is available upon request by calling (920)833-1566.

**MONTHLY INCOME INFORMATION:**

Social Security \_\_\_\_\_ Veterans Benefits \_\_\_\_\_  
Pension Income \_\_\_\_\_ Annuity Payments \_\_\_\_\_  
Life Insurance Payments \_\_\_\_\_ Income from Savings \_\_\_\_\_  
Other Income \_\_\_\_\_ Source \_\_\_\_\_  
Other Income \_\_\_\_\_ Source \_\_\_\_\_

**PROPERTY AND FINANCIAL ASSETS**

Checking Accounts Approximate Balance \_\_\_\_\_  
Savings Accounts Approximate Balance \_\_\_\_\_  
Cash Value of Stocks and Bonds \_\_\_\_\_  
House & Lot Value \_\_\_\_\_  
Other Land & Buildings \_\_\_\_\_  
Cash Value of Life Insurance \_\_\_\_\_  
Certificates of Deposit \_\_\_\_\_  
Individual Retirement Accounts \_\_\_\_\_  
Other Assets (specify type and value): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Long Term Care Insurance Coverage Yes \_\_\_\_\_ No \_\_\_\_\_  
Company \_\_\_\_\_ To Receive \$ \_\_\_\_\_ monthly

**LIABILITIES:**

List total financial obligations ( or outstanding debt): \$ \_\_\_\_\_

\_\_\_\_ I certify that I have ample assets to cover my costs at Meadow Wood Residential Care Apartments for at least two years. **I acknowledge that significant changes in my financial status may change my eligibility for admission to the Meadow Wood Residential Care Apartments.** I agree to make Meadow Wood aware of such changes so that a new eligibility determination can be made.

Signature: \_\_\_\_\_

**HOUSING PREFERENCE:**       One Bedroom (488 sq.ft.)     One Bedroom (500 sq.ft.)  
 One Bedroom (523 sq.ft.)     One Bedroom (560 sq.ft.)     Two Bedroom (980 sq.ft.)  
 Two Bedroom Elite with garage (1,025 sq.ft.)       Garage - Extra \$45/mo.

**SERVICE CHOICES:**

One meal per day       Personal laundry weekly       Medication Assistance  
 Two meals per day       I will do my own laundry       Way-finding assistance  
 Three meals per day       Personal care (bathing, dressing, hygiene, etc.)       Well-being checks at night  
 Housecleaning weekly       Assistance with appointments and transportation  
 Vehicle parking space

Nursing Care  
Desired date of occupancy \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Name of person to contact when an apartment becomes available.      Phone

**IF ANY OF THE FOLLOWING APPLY, PLEASE PROVIDE MEADOW WOOD RESIDENTIAL CARE APARTMENTS WITH A COPY OF THESE DOCUMENTS.**

- \*COPIES OF SOCIAL SECURITY, MEDICARE, DRUG & INSURANCE CARDS**
- \*DURABLE POWER OF ATTORNEY FOR HEALTH CARE**
- \*POWER OF ATTORNEY FOR FINANCE**
- \*DO NOT RESUSCITATE FORM**

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To ensure that Good Shepherd Services is able to meet your needs on a continuing basis, we recommend that you appoint a POWER OF ATTORNEY for both health care and financial matters if you have not already done so.

Completion of this application does not guarantee admission. Prior to admission, a functional assessment by the RN Assessment Coordinator and Director, along with your history and physical by your Physician, will be completed with your input. The purpose is to assure that your needs are best met at Meadow Wood Residential Care Apartments without compromising the safety of yourself and other individuals. This assessment will cost \$300 per tenant. The first 30 days of occupancy is a probationary period, whereby another assessment may be completed to determine that the tenant is appropriate for this type of housing, or hours of service are appropriate.



I hereby declare that all of the answers to questions in the application process are true and complete according to my best knowledge and belief. Application information is given with the understanding that Meadow Wood will rely upon the answers in making the determination of eligibility. I hereby give Meadow Wood Residential Care Apartments at Good Shepherd Services permission to verify the information given herein.

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Signature of Applicant

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Date

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Signature of person completing form, if not applicant

**\*\*Along with this completed application form, please enclose a RESERVATION FEE of \$1,500 which will be used toward the first month's rental fee. It will be applied to the cost of your living unit when you select it. The fee will be refunded based on facility policy.**