

The Granville
Assisted Living Center

The Granville Assisted Living Center
1325 Vance Street, Lakewood, CO 80214
(303) 274-4400 Fax (303) 274-4100
www.TheGranvilleAssistedLiving.com

APPLICATION PACKET

INSTRUCTIONS for filling out this form:

1. Please print out this application.
2. Please print carefully and fill in the requested information.
3. When completed, print out the finished form and have the applicant and physician sign and date where indicated.
4. Return the completed form to The Granville Assisted Living Center via fax or mail.

Dear Applicant,

Thank you for expressing an interest in The Granville Assisted Living Center.

To continue the admission process, please complete, sign and return the following enclosed documents as soon as possible:

- (1) Application for Residency
- (2) Consent to Release Medical Information
- (3) Income and Asset Verification Forms

Feel free to contact us at any time if you have questions. We all look forward to you moving into our beautiful community to begin a mutual relationship centered on a warm and caring environment.

Sincerely,

Sara Taylor

Sara Taylor
Administrator

Enclosures

app001 (06/16)

File: the_granville_application_packet_with_hand_written.doc Rev 6-15-16, 10-1-16

THE GRANVILLE ASSISTED LIVING CENTER

ADMISSION PROCEDURE

To better understand the procedures necessary to complete the admittance process, please review the following steps:

STEP ONE: All of our Residents must meet certain income guidelines as well as physical ability guidelines. The first packet you receive will contain several forms which must be filled out, signed and returned to The Granville. Please fill out the Application for Residency Form as completely and accurately as possible.

The Consent to Release Medical Information also must be signed and returned to us. This form will allow us to contact your physician regarding the general status of your health, the medications you are currently taking, and the ability of The Granville to meet your needs.

To verify that income guidelines are met, we must have a separate Income or Asset Verification Form for **EACH** and **EVERY** source of income (social security, pension, etc.) and **EACH** and **EVERY** location of assets (bank, investment company, etc.). We will send these forms out to the agency or institution you indicate so it is not necessary to fill in any payment amounts or bank account balances. We can use the current year's award letter from the Social Security Administration to verify social security income. ***Please call the Social Security Administration to obtain an Award Letter at no charge. The local SSA phone number is 1-866-563-9469. We must receive all forms back in our office before we can proceed with the admission process.***

STEP TWO: After the physician statement and the verification forms have been mailed out, completed and returned to our office, our Resident Services Director will call you and set up an appointment for an assessment.

STEP THREE: The next step is signing the Residency Agreement. This is the legal document required before move-in. It will spell out the financial terms, services provided by the facility, and how to terminate the Agreement. In addition, you will receive copies of our Admission and Discharge Procedures, Resident Rights, House Rules, and Grievance Procedures. At this time, we will let you know your move-in date. We will need a check for your first month's rent and security deposit. If you move in the middle of the month, the rent will be prorated.

STEP FOUR: Upon move in you will meet with our Resident Services Director to develop a personal plan of care. This will identify the Resident's needs and the services The Granville will provide to meet those needs.

If you have any questions please contact our Administrator, Sara Taylor, at 303-274-4400.

app002 (06/16) 10-1-16

THE GRANVILLE ASSISTED LIVING CENTER
APPLICATION FOR RESIDENCY

I. GENERAL INFORMATION

Date: _____

Name: _____ Maiden Name: _____

Phone: (_____) _____

Current Address: _____

City, State, Zip: _____

Date of Birth: ____/____/____ Age: _____

Social Security # ____ - ____ - ____ Who receives your Social Security check? _____

Marital Status: Single Married Widowed Divorced Sex: M F

How did you hear about The Granville Assisted Living Center?: _____

Present Living Arrangements: House Apartment Alone With Relatives

Other: _____

Is the applicant a full time or part time student? Yes No

Have you ever been convicted of a felony? Yes No

Do you smoke? Yes No

Primary Contact for Application Process

Name: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Phone: _____ Work Phone: _____

*Power of Attorney: Yes No Name: _____

*Guardianship: Yes No Address: _____

*Conservatorship: Yes No City/State/Zip: _____

Phone: (_____) _____

***Please attach copies of documentation showing POA, guardianship, and/or conservatorship, if applicable.**

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II. MEDICAL INFORMATION

Diagnosis (you must include any mental illness diagnosis): _____

Allergies: _____

Medications . Prescribed:

Name of Drug	Name of Drug

Non-Prescription Medications (such as pain relievers, antacids, vitamins)

Name of Drug	Name of Drug

Please continue on back if more space is needed.

INSURANCE INFORMATION

Medicare Number: _____

Medicaid Number: _____

Veteran's Administration Number: _____

HMO Provider? Kaiser Secure Horizons InnovAge Other _____
 (fill out if applicable)

Supplemental Health Insurance Carrier: _____

Policy Number: _____

Applicant Name: _____

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THE GRANVILLE ASSISTED LIVING CENTER

EMERGENCY CONTACT INFORMATION SHEET

Resident Name: _____ Apt. Number: _____

Date of Birth: ____ / ____ / ____ Social Security # ____ - ____ - ____

Next of Kin: _____ Phone: (____) _____

Emergency Contacts

1. Name: _____ Relationship: _____

Address: City/State/Zip: _____

Home Phone: (____) _____

Phone: (____) _____

Cell: (____) _____

Work: (____) _____

E-mail address: _____

2. Name: _____ Relationship: _____

Address: City/State/Zip: _____

Home Phone: (____) _____

Phone: (____) _____

Cell: (____) _____

Work: (____) _____

E-mail address: _____

3. Name: _____ Relationship: _____

Address: City/State/Zip: _____

Home Phone: (____) _____

Phone: (____) _____

Cell: (____) _____

Work: (____) _____

E-mail address: _____

Applicant Name: _____

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**THE GRANVILLE ASSISTED LIVING CENTER
PHYSICIAN CONTACT INFORMATION**

Physician Name: _____

Clinic Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: (_____) _____

Fax Number: (_____) _____

Hospital Preference: _____

Diagnosis: _____

Allergies: _____

Living Will: Yes No (If yes, please attach)

Do Not Resuscitate Order: Yes No (If yes, please attach)

Durable Medical Power of Attorney: Yes No (If yes, please attach)

Religious Preference: _____ Clergy's Name: _____

Phone Number: _____

Burial Arrangements: _____

Applicant Name: _____

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III. PHYSICAL STATUS

1. Are you able to walk without assistance? Yes No

Are you able to walk with a cane? _____ walker? _____

Explain any mobility difficulties: _____

2. Are you able to bathe without assistance? Yes No

Explain any bathing difficulties: _____

3. Are you able to dress without assistance? Yes No

Explain any dressing difficulties: _____

4. Are you able to eat without assistance? Yes No

Explain any eating difficulties: _____

5. Are you able to handle all of your toileting needs without assistance? Yes No

Explain any toileting difficulties: _____

6. Other Information Regarding Physical Status: _____

Applicant Name: _____

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THE GRANVILLE ASSISTED LIVING CENTER

IV. FINANCIAL INFORMATION

1. HOUSEHOLD INCOME

(Please write YES or NO in every space provided below. Fill in monthly amounts as applicable.)

DO YOU RECEIVE?

Write in Yes or No	Income Source	Amount per Month
	Social Security	
	VA Pension	
	Retirement Pension	
	Old Age Pension	
	Alimony	
	SSI	
	Rental Property	
	Other _____	

Please list any other sources of income: _____

2. HOUSEHOLD ASSETS

(Please write YES or NO in every space provided below. List amount of asset where applicable.)

Write in Yes or No	Asset	Asset Value
	Checking Account(s)	
	Savings Account(s)	
	Cds	
	Stocks	
	Bonds	
	IRAs	
	Installment Notes	
	Property	
	Money Market	
	Other _____	

Please list any other asset: _____

Applicant Name: _____

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The Granville Assisted Living Center
1325 VANCE STREET, LAKEWOOD, CO 80214
(303) 274-4400
Fax (303) 274-4100

For each source of income and each source of assets, fill in a Verification Form (address of the institution, account number [if applicable] and your signature only), return all of them to the office with your application.

Case Manager Name: _____

Phone Number: _____

County: _____

I hereby certify that all information contained on this application is correct and complete to the best of my knowledge and that any misrepresentation of material will result in my being ineligible for admission.

I agree to give The Granville Assisted Living Center the authority to investigate any income and/or asset sources necessary to determine eligibility and to verify the above stated information.

Applicant's Signature

Date

Responsible Party Signature

Date

It is illegal to discriminate against any person based on race, religion, sex, national origin, familial status or handicap.

EQUAL HOUSING OPPORTUNITY

Applicant Name: _____

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**APPLICANT'S CONSENT TO RELEASE
MEDICAL INFORMATION**

I hereby authorize any physician, clinic or hospital to answer fully any request from The Granville Assisted Living Center for medical or psycho-social information concerning me as an applicant or while I am a Resident.

Printed Name: _____

Signature

Date

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THE GRANVILLE ASSISTED LIVING CENTER
INSTRUCTIONS FOR INCOME / ASSET VERIFICATION

Enclosed with your application are several Verification Forms for various sources of income and various assets. These forms must be completed by a third party. **DO NOT FILL IN THE AMOUNTS** of income or assets on any of these sheets.

On the verification sheets, do the following items only:

1. Complete the name and address for the institution at the top of the applicable sheets.
2. Complete **account type** and **account numbers** where applicable.
PLEASE DO NOT include financial amounts or interest rates.
3. Include Name of Recipient and Social Security number, where applicable.
4. Sign and date the authorization form (below the dotted line) to allow the release of information to The Granville. It is best if the authorization is signed by the applicant directly rather than a POA or other responsible party. **For Social Security authorization, it is mandatory that the release authorization is signed by the applicant.** Social Security will not accept a POA signature. The Granville can accept the award letter from the SSA as verification of income.

DO NOT fill in any other blanks. DO NOT sign the line "Verified By:" These items are to be completed by the institution itself. Return the verification forms directly to The Granville Assisted Living Center. When returning the application and verification, please include a most recent copy of the following items:

1. Last month's bank statement showing deposits, withdrawals and final balance.
2. Exhibit E/ Asset Certification form completed with amounts and signature from applicant or POA.
3. Broker statements for stocks, bonds, mutual funds.
4. Appraisals or most recent property tax bill for any property owned by the applicant.
5. Any document proving asset value for any other asset.
6. For income sources such as rent or loan payments, a copy of the lease or promissory note.

If you have any questions regarding income and asset verification, please contact the Bookkeeper at The Granville Assisted Living Center, 303-274-4400.

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Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number
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I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- Social Security Number
- Identifying information (includes date and place of birth, parents' names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security Income payment amount
- Information about benefits/payments I received from _____ to _____
- Information about my Medicare claim/coverage from _____ to _____
(specify) _____
- Medical records
- Record(s) from my file (specify) _____
- Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

The Granville Assisted Living Center
1325 VANCE STREET, LAKEWOOD, CO 80214
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Fax (303) 274-4100

VERIFICATION FORM FOR STOCKS AND BONDS

To: _____

Date: _____

Institution: _____

Address: _____

City, State, Zip: _____

We are required to verify the income of all individuals applying for admission as Residents of The Granville Assisted Living Center for the frail elderly of our community. Laws under which these apartments are financed and administered restrict occupancy to low-income persons.

To comply with this requirement, we ask your cooperation in supplying information regarding the income or assets of the person listed below. This information will be used only in determining their eligibility status and will be held in strict confidence.

Your prompt return of the information will be greatly appreciated. A self-addressed envelope is enclosed for your convenience.

Sincerely,

Joe Whitney
Financial Analyst

Type of Asset	Value of Asset	Annual Income from Asset
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Verified by:

Title: _____

Date: _____

Name of Recipient: _____

I hereby authorize you to release confidential information as requested above to
The Granville Assisted Living Center.

Signature

Date

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The Granville Assisted Living Center
1325 VANCE STREET, LAKEWOOD, CO 80214
(303) 274-4400
Fax (303) 274-4100

VERIFICATION FORM FOR PENSIONS

To: _____

Date: _____

Institution: _____

Address: _____

City, State, Zip: _____

We are required to verify the income of all individuals applying for admission as Residents of The Granville Assisted Living Center for seniors of our community. Laws under which these housing apartments are financed and administered restrict occupancy to low-income persons.

To comply with the requirement, we ask your cooperation in supplying information regarding the income or assets of the person listed below. This information will be used only in determining their eligibility status and will be held in strict confidence.

Your prompt return of the information will be greatly appreciated. A self-addressed envelope is enclosed for your convenience.

Sincerely,

Joe Whitney
Financial Analyst

Pension Information

Current Monthly Gross Amount of Pension \$ _____

Effective Date of Current Amount _____ / _____ / _____

Is an increase planned in the next 90 days? **Yes** **No**

 If yes, when? _____ Please give amount: \$ _____

Verified by: _____

Title: _____ Date: _____

Name of Recipient: _____

I hereby authorize you to release confidential information as requested above to
The Granville Assisted Living Center.

Signature

Date

app006c1 (06/16) 10-1-16

The Granville Assisted Living Center
1325 VANCE STREET, LAKEWOOD, CO 80214
(303) 274-4400
Fax (303) 274-4100

VERIFICATION FORM FOR ANNUITIES

To: _____ Date: _____

Institution: _____

Address: _____

City, State, Zip: _____

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To comply with the requirement, we ask your cooperation in supplying information regarding the income or assets of the person listed below. This information will be used only in determining their eligibility status and will be held in strict confidence.

Your prompt return of the information will be greatly appreciated. A self-addressed envelope is enclosed for your convenience.

Sincerely,

Joe Whitney
Financial Analyst

Annuity Information

Current Monthly Gross Amount of Annuity \$ _____

Effective Date of Current Amount _____ / _____ / _____

Is an increase planned in the next 90 days? Yes No

If yes, when? _____ Please give amount: \$ _____

Verified by: _____

Title: _____ Date: _____

Name of Recipient: _____

I hereby authorize you to release confidential information as requested above to
The Granville Assisted Living Center.

Signature

Date

app006C2 (06/16) 10-1-16

The Granville Assisted Living Center
1325 VANCE STREET, LAKEWOOD, CO 80214
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VERIFICATION FORM FOR PUBLIC ASSISTANCE

To: Department of Social Services

Date: _____

Address: _____

We are required to verify the income of all individuals applying for admission as Residents of The Granville Assisted Living Center for the seniors of our community. Laws under which these apartments are financed and administered restrict occupancy to low-income persons.

To comply with the requirement, we ask your cooperation in supplying information regarding the income or assets of the person listed below. This information will be used only in determining their eligibility status and will be held in strict confidence.

Your prompt return of the information will be greatly appreciated. A self-addressed envelope is enclosed for your convenience.

Sincerely,

Joe Whitney
Financial Analyst

Old Age Pension (OAP) Monthly Amount	\$	
Aid to the Needy and Disabled (AND) Monthly Amt.	\$	
Aid to the Blind Monthly Amount	\$	
Home Care Allowance (HCA)	\$	
Supplemental Security Income	\$	
Other Income (Specify) _____	\$	

Verified By: _____

Title: _____ Date _____

Name of Recipient	Social Security #
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I hereby authorize you to release confidential information as requested above to The Granville Assisted Living Center.

Signature	Date
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The Granville Assisted Living Center
1325 VANCE STREET, LAKEWOOD, CO 80214
(303) 274-4400
Fax (303) 274-4100

VERIFICATION FORM FOR BANK ACCOUNTS

To: _____ Date: _____

Institution: _____

Address: _____

City, State, Zip: _____

We are required to verify the income of all individuals applying for admission as Residents of The Granville Assisted Living Center for the frail elderly of our community. Laws under which these apartments are financed and administered restrict occupancy to low-income persons.

To comply with the requirement, we ask your cooperation in supplying information regarding the income or assets of the person listed below. This information will be used only in determining their eligibility status and will be held in strict confidence.

Your prompt return of the information will be greatly appreciated. A self-addressed envelope is enclosed for your convenience.

Sincerely,
 Joe Whitney
Financial Analyst

Account Number	Account Type	Interest Rate	Current Balance	Avg. 6 Mos. Bal.	Maturity Date

Verified By: _____

Title: _____ Date _____

Name of Recipient: _____

I hereby authorize you to release confidential information as requested above to
 The Granville Assisted Living Center.

 Signature Date

app006e (06/16) . 10-1-16