



## THE LANDINGS

AT REED STATION CROSSING

### Admission Process Checklist

- Place Deposit on Room
- Complete & Return the Financial Disclosure form & Application for Residency
- Schedule and Complete Nursing Assessment

This is an *especially* important step. A thorough Nursing Assessment must be completed prior to move-in. This establishes an individualized care-plan for resident, as well as ensures safety for resident.

- To schedule assessment, contact Kelsi.

Items needed for Nursing Assessment:

- Drivers license
  - SS Card
  - Insurance cards
  - Medication list including supplements and vitamins
  - Vaccination records (flu and pneumonia)
  - DNR paperwork
  - Power of Attorney paperwork
  - Living Will
  - Advanced Directives
- Contract Signing/Resident Orientation
    - Contract Signing and Orientation must be completed Monday-Friday between 8am-12pm with Executive Director, Andy.
    - Doctor Orders *must be* returned within 24 hours of move in.



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**Where Seniors Come to LIVE!**  
**Application for Residency**

Today's Date: \_\_\_\_\_ Move in Date: \_\_\_\_\_ Move out Date: \_\_\_\_\_

Resident's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Present Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Emergency Contact Information**

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

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Is the above contact designated as Power of Attorney or Guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the above contact have rights to view your records? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Secondary Contact Information:**

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

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Is the above contact designated as Power of Attorney or Guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the above contact have rights to view your records? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Authorization for release of information:**

**I/we hereby authorize The Landings at Reed Station Crossing to conduct a criminal background check and in case of medical emergency, (ambulance, hospital services, etc), I authorize The Landings at Reed Station Crossing to release medical information to outside medical services**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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**RESERVATION AGREEMENT**

The Landings of Carbondale, LLC, a senior living community located at 2100 Reed Station Parkway, Carbondale, IL 62901, acknowledges receipt of a reservation fee in the amount of \_\_\_\_\_ DOLLARS (\$\_\_\_\_\_) (the "Reservation Fee") for Apartment Number \_\_\_\_\_ or the first available \_\_\_\_\_ Apartment in The Landings (the "Apartment") from \_\_\_\_\_ (collectively, if more than one, "Prospective Resident").

**Select one:**

The monthly fee for one person in the Apartment and all standard services is \$\_\_\_\_\_per month.

There will be two (2) persons living in the Apartment. The additional fee for a second person in the Apartment will be \$\_\_ per month, for a total monthly fee for two persons of \$ \_ per month.

The Reservation Fee is refundable upon request in the event the Prospective Resident wishes to cancel this reservation within 72 hours of signing the Reservation Agreement for the Apartment. Upon check in the Reservation Fee will be applied to the first month's rental fee.

The following are basic requirements for Independent Living residency in The Landings:

1. Residents must be 55 years of age or older.
2. Residents must be able to live independently.

In order to comply with this criteria, a health care provider's health assessment may be required confirming that the Resident would be able to live independently. If a health assessment is required, an approved Independent Living Health Assessment form must be utilized to fulfill this requirement. This information must be received by The Landings staff prior to confirming a move-in date.

The Landings is a smoke-free community. Other guidelines, rules and residency requirements for The Landings are listed in the Resident Admission Agreement and the Resident Handbook.

Dated: this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Accepted by:** The Landings at Reed Station Crossing LLC

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_



# THE LANDINGS

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Job Title: \_\_\_\_\_

## Application for Residency and Financial Disclosure Form

**Notice of Intent:** The purpose of this form is to ensure applicants for residency meet the medical criteria for independent living and have adequate resources to cover the monthly rental fee, plus average personal expenses. This is not intended to be a full and complete disclosure of your financial standing. As such, you may not need to answer all questions to demonstrate financial eligibility. If concerns regarding financial or medical eligibility arise, you may be asked to furnish more detailed information.

**Pledge of Confidentiality:** We understand the sensitivity of the information required to base a decision of financial and medical eligibility for residency at The Landings. Please be assured all information you provide is used solely for the purpose of determining eligibility for residence and is kept in the strictest confidence. Should you decide not to pursue residency, any and all application materials containing your confidential information will be returned upon your request.

**Instructions:** Please fill in the blanks or check the appropriate responses. (If the question does not apply or does not require financial disclosure, please indicate N/A in the blank provided.) Please complete the entire application. Incomplete applications will cause delays in processing your request for residency.

### Identifying Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Preferred Title: [  ] Mr. [  ] Mrs. [  ] Miss [  ] Other: \_\_\_\_\_



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### Current Residence:

How long have you lived at your present address? \_\_\_\_\_

Do you own or rent your current home?  Own  Rent

What is the amount of your monthly rental or mortgage? \_\_\_\_\_

If you are a homeowner:

Do you plan to sell your home before moving to The Landings?  Yes  No  N/A

Please indicate the appropriate range for the assessed value of your home:

- |  |  |
|--|--|
| <input type="checkbox"/> \$75,000 or less  | <input type="checkbox"/> \$75 - \$100,000  |
| <input type="checkbox"/> \$100 - \$150,000 | <input type="checkbox"/> \$150,000 or more |

### Financial Disclosure:

1. **Income:** Please indicate the appropriate range for your total annual income. (Sources of income include social security and pension benefits, as well as rental income, interests, etc.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$15 - \$20,000 | <input type="checkbox"/> \$20 - \$25,000 | <input type="checkbox"/> \$25 - \$30,000  |
| <input type="checkbox"/> \$35 - \$45,000 | <input type="checkbox"/> \$45 - \$50,000 | <input type="checkbox"/> \$50,000 or more |

2. **Assets:** Please indicate the appropriate range for the total value of your assets. (Assets include savings and investments, such as CD's, stocks, bonds, mutual funds, insurance, annuities, etc.)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$10 - \$20,000   | <input type="checkbox"/> \$20 - \$30,000   | <input type="checkbox"/> \$30 - \$40,000  | <input type="checkbox"/> \$40 - \$45,000   |
| <input type="checkbox"/> \$45 - \$50,000   | <input type="checkbox"/> \$50 - \$75,000   | <input type="checkbox"/> \$75 - \$100,000 | <input type="checkbox"/> \$100 - \$150,000 |
| <input type="checkbox"/> \$150 - \$200,000 | <input type="checkbox"/> \$200,000 or more |   |  |

### 3. Real Estate:

Do you own property *in addition* to your current home?  Yes  No  N/A

If yes, please indicate the appropriate range for the assessed value of your other real estate holdings:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$50,000 or less  | <input type="checkbox"/> \$50 - \$75,000   | <input type="checkbox"/> \$75 - \$100,000 |
| <input type="checkbox"/> \$100 - \$150,000 | <input type="checkbox"/> \$150,000 or more |   |



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**Financial Affairs:**

Will you be handling your own affairs?       Yes     No

Have you established a financial Power of Attorney (POA) or Living Trust?    Yes  No

If yes, please provide the following information:

Name of Power of Attorney or Trust Administrator: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

If your monthly invoices should be sent to someone other than yourself, please provide the following identifying information for that individual:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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

Are you planning to maintain an automobile while a resident of The Landings?    Yes     No

**Sources of *Current* monthly income (record actual amount)**

	<b>APPLICANT</b>	<b>SPOUSE</b>
Social Security:	_____	_____
Veterans Pension:	_____	_____
Other Pension Number:	_____	_____
Dividends:	_____	_____
Interest:	_____	_____
IRA/TDA/TSA:	_____	_____
Other Income (list sources)	_____	_____
<b>Total Monthly Income:</b>	_____	_____



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**Sources of Cash Assets (record actual amount)**

	<b>APPLICANT</b>	<b>SPOUSE</b>
Savings:	_____	_____
Checking:	_____	_____
CDs:	_____	_____
Maturity Date:	_____	_____
Stocks & Bonds:	_____	_____
IRA/Annuities:	_____	_____
Life Insurance:	_____	_____
Cash Value:	_____	_____
<b>Total Cash Assets:</b>	\$ _____	\$ _____

**Financial Disclosure Statement:** (Must be completed by each individual: joint holdings must be noted)

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that any misrepresentation of the information contained in this application may disqualify me from residency at The Landings.

I am aware that The Landings *is not a health care facility*, and I am independent with respect to daily living. Furthermore, I recognize I may be asked to provide a medical doctor's written certificate regarding my ability to live independently after my application has been conditionally approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Cost Calculator

At first glance retirement living may seem more expensive than your current lifestyle. There are many advantages and services which can result in saving money and offer benefits which you cannot get when living alone.

<b>Services</b>		<b>Homeowner's Monthly Costs</b>
Monthly Mortgage or Rent		
Property Taxes	Included	
Homeowner's Insurance		
Utilities (includes water, electric, gas, sewage, garbage)	Included	
Internet & Cable	Included	
Home Repairs (plumbing, roofing, electrical)	Included	
Meals	Included (3 meals a day, plus snacks /drinks)	
Transportation	Included	
Housekeeping	Included	
Laundry Service	Included	
Social Events & Activities	Included	
Personal Care	Included	
Nursing / Medication Management	Included	
Emergency Response System	Included	
24/7 Nursing Staff Available	Included	





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