

Potter Ridge

Application for Residency

Date: ____/____/____

Thank you for choosing our community as your new home! To reserve your apartment choice or to be placed on the waiting list, please submit this form with a check for \$300.00. With a deposit, a representative of this community will contact you to begin the process of moving in to your new home.

Name of Community: Potter Ridge Assisted Living Community

1971 Neal Street , Suite A

Red Wing, Minnesota 55066

Name:

Address:

Telephone:

City:

State:

ZIP:

Contact Person:

Relation:

Address:

Telephone:

City:

State:

ZIP:

Physician:

Telephone:

Address/City:

State:

ZIP:

Apartment Preference

**Dementia Care is only available in certain communities. See Director of Resident Services for more information.

Senior Living

_____ "A" Style

_____ "B" Style

_____ "C" Style

_____ "D" Style

_____ "E" Style

_____ "F" Style

Reservation Deposit

The reservation deposit is a refundable deposit. When you move in to this community, the deposit will be applied to your first month's rate. If you choose not to move in, the deposit will be returned to you within 15 days. If you are not ready at the time you are contacted about placement, the apartment will be offered to the next individual on the list.

Long Term Care Consultation:

*MN State law requires us to offer long term care consultation. This area's contact is below.

Goodhue County Public Health

Intake contact:

520 East Avenue

(651) 385-6100

Red Wing, Minnesota 55066

Applicant Signature

Date

Community Representative

Date

Professionally managed by:

WELCOME HOME
MANAGEMENT



wtohddevelopment.com

Potter Ridge

Resident Profile

The Information provided on this page will be entered into a prospective resident database for use by this community. By providing this information it will make the move in process much simpler and more efficient. You can choose to provide some or all of the information requested. The choice to not provide certain information will not effect the application process or have any effect on eligibility for residency, some questions are used to assist us in our future marketing.

Name(s): _____

Age: _____ DOB: _____

Estimated Time Frame of Move in (months): 0 - 3 4 - 6 7 - 9 10 - 12 12+ Other: _____

Marital Status (circle one): Married Widowed Spouses Name: _____
Single Divorced

Current Residence (circle one): House Apartment Family Other: _____

Hobbies or Special Interests: _____

Children (Name)	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about our community? (check all that apply):

Newspaper Hospital Word of Mouth Doctor
 Radio Nursing Home Social Worker Other:
 Television County Discharge Planner
 Family Website Clergy

I would like to receive email updates and activities calendars from our community?: YES NO

Email address: _____

Email address: _____

I would like to be added to the communities mailing list: YES NO

List name and addresses of each person

_____	_____
_____	_____
_____	_____