THE LOFT
AT LINN
ASSISTED LIVING MEMORY CARE

Admission Checklist

To expedite your application for The Loft at Linn Memory Care Assisted Living and help us determine eligibility, please collect the following documents:

____ Birth certificate or naturalization papers

____ Social Security Card

____ Medicare Card and any other insurance cards

____ Picture ID *(driver's license, DMV issued ID, passport, etc.)*

____ Social Security Award Letter for current year

____ Statements from any other sources of income *(pensions, interest or dividends, etc.)*

____ Proof of health insurance premium

____ All bank statements (*checking, savings, CDs, stocks, bonds, annuities, etc.*) for the past 6 months

____ Life insurance policies

____ Burial contract (*must be "irrevocable" arrangement if applying for Medicaid*)

____ Trust/Life Estate documents *(if applicable)*

____ Power of Attorney, Financial/Durable Power of Attorney for Healthcare Matters/Guardianship Documents/Living Will *(if applicable)*

If you have any questions, please contact (401) 438-7210 ext 151

Office Use Only
Date received: _____
Date acknowledged: _____

THE LOFT
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Application for Admission

BACKGROUND INFORMATION:

Applicant's Name/Pronouns: _____

Preferred Name/Nickname: _____Birth Date: _____

Address: _____

Telephone Number: _____Email Adress: _____

Citizenship: ☐ Born in the USA ☐ Derivative Citizenship

☐ Naturalized ☐ Legal Alien

CO-APPLICANT INFORMATION (if applicable)

Co-applicant's Name: _____

Address: _____

Telephone Number: _____ Email Adress: _____

Citizenship: ☐ Born in the USA ☐ Derivative Citizenship

☐ Naturalized ☐ Legal Alien

Do you desire to move in as soon as possible? ☐ Yes ☐ No

Do you have a dementia diagnosis? ☐ Yes ☐ No

Will you be paying privately? ☐ Or needing Medicaid? ☐

CONTACT INFORMATION FOR RELATIVE, FRIEND OR NONFAMILY MEMBER:

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____ Email Adress: _____

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____ Email Adress: _____

INCOME STATEMENT:

You agree to give us a detailed written statement of your income and assets before we act on your application.

AGREEMENT

I (We) hereby make formal application for an apartment at The Loft at Linn Assisted Living Memory Care. I (We) understand that I (we) will be called for a personal interview at such time as an apartment becomes available. I (We) hereby affirm that, to the best of my (our) knowledge the foregoing information is true, correct, and complete. I (We) also understand that this form is only an application for residence and that the submission of this application does not reserve an apartment or in any way guarantee residence at The Loft at Linn.

Signature of Applicant(s):

_____ Date: _____

_____ Date: _____

Application can be either mailed to The Loft at Linn 30 Alexander Ave. East Providence RI 02914, faxed to 401-435-4231 attention Jamie, or autofilled and emailed to admin-linn@aldersbridge.org.

NOTES: