

# Dayspring Villa, Inc. Housing Application

3777 W. 26<sup>th</sup> Avenue • Denver, Colorado 80212 • Phone (303) 455-5061

## Application Statement

This is a preliminary application and does not obligate you to rent an apartment, nor does it obligate Dayspring Villa, Inc. to rent an apartment to you.

Please complete both pages of this application, then sign and the back.

## Unit Size

Studio  1 Bedroom  Medicaid Unit

## Applicant Information

Name:	Date of birth:	SSN:	Phone:
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:		
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:		How long?
Landlord/Manager's Name:		Phone:	
Street Address:			
City:	State:	ZIP Code:	

## Power of Attorney or Guardian

Name:		
Address:		
City:	State:	Zip Code:
Phone:		
Relationship:		
Additional Emergency Contact:		
Address:		
City:	State:	Phone:
Relationship to tenant:		

## Co-applicant Information

Name:	Citizenship Status:	
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned    Rented    (Please circle)	Monthly payment or rent:	How long?
Landlord/Manager's Name:		Phone:
Street Address:		
City:	State:	ZIP Code:

## Co-Applicant Employment Information

Current employer:	Full or Part-time (Please Circle)	
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Wage: \$	Annual income:







Resident Physician Plan of Care- Health Assessment for Assisted Living Facilities	
Resident Name:	DOB:
Allergies:	Height:                      Wt.:
Physician Name:	PHONE:
Address:	FAX:

### Health Assessment

Medical Diagnosis:
Physical or Sensory Limitations:
Cognitive or behavioral status:
Nursing/Treatment/Therapy Service Requirements:
Special Precautions: (PT, OT, ST, 02 setting and company)

### Medication Monitoring

- Resident and/or family may administer medications
- Physician feels and thereby orders that staff administer and monitor medications
  - Dayspring Villa only offers a REGULAR diet. All residents will be put on a regular diet on admission.
  - Does the individual have any of the following conditions? Circle the appropriate number:

#	STATUS	COMMENTS
1	A communicable disease which could be transmitted to other residents or staff?	
2	Bedridden?	
3	Any stage 2,3, or 4 pressure sores?	
4	Pose a danger to self or others?	
5	Require 24 hour nursing or psychiatric care?	

\_\_\_\_\_  
MD SIGNATURE

\_\_\_\_\_  
DATE

