

SERENITY

Assisted Living

Date: _____ LTCC Verification Code (If known, see brochure) _____

Potential Tenant(s)

Name(s): _____

Date of Birth: _____

Current Location (circle one): Home | Residential Housing | Apartment | Skilled Nursing Facility | Assisted Living | Transitional Care

Other: _____

Home Phone: _____ Cell Phone: _____

☐ Do Not Call

Address: _____

City: _____ State: _____ Zip: _____

E-mail (if applicable): _____

☐ Private Pay ☐ County Assistance – Case Manager: _____

*Apartment Preference: _____ East Campus Studio (380 square feet) _____ East Campus One Bedroom (530 square feet)
_____ East Campus Two Bedroom (750 square feet) _____ West Campus Studio (504 square feet)

Timing (circle one): Immediately | 0-3 months | 4-6 months | 6-9 months | 10-12 months | 1-3 years | 3+ years

Reasons (circle as necessary): Safety | Medication Assistance | Nutrition | Memory Care | Depression | Mental Health | Diabetes Management

Contacts

Name(s): _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home: _____ Office: _____

E-mail: _____

Name(s): _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home: _____ Office: _____

Other: _____

E-mail: _____

Continuing life's journey with Dignity, Respect & Integrity!

1125 Oakview Drive ~ Dilworth, MN 56529 ~ 218.477.7254

www.serenityassistedliving.com