



**Franke**  
at Seaside

*Lutheran Homes of South Carolina*

# Application for Residency

Live Longer....  
and better



Date of Reservation \_\_\_\_\_ Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_

# APPLICATION FOR RESIDENCY

Please complete and return this Application for Residency and the accompanying Confidential Disclosure Form. This information is kept strictly confidential. For couples, each individual will need to complete an application for residency, however the Confidential Financial Disclosure Form may be completed jointly. Please return this completed application by \_\_\_\_/\_\_\_\_/\_\_\_\_.

## PERSONAL INFORMATION - PLEASE INCLUDE A RECENT PICTURE

Full Name (Last, First, middle) \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How many years at present address? \_\_\_\_\_ Do you Own home Rent Live with Children Other \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (city, state and country): \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Father's Full Name \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
(Single, married, divorced, widowed)

Present and/or Previous Occupation: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Special Interests or Hobbies: \_\_\_\_\_ Do you own a pet? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Name of Church/Synagogue/Mosque : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Contact(s) : \_\_\_\_\_ Phone(s): \_\_\_\_\_

## CHILDREN (Use additional sheet if necessary)

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Cell</u>	<u>E-mail</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

## WELLNESS

In your estimation, is your health good, fair, or poor? \_\_\_\_\_

Do you have any specific physical limitations? \_\_\_\_\_

Have you been diagnosed with a specific condition or disease? \_\_\_\_\_

Primary physician's name: \_\_\_\_\_ Area of Specialty (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

**EMERGENCY CONTACTS**

*Below, please list names, complete addresses and all phone numbers for those you would like to be notified in case of an emergency: (Please attach separate sheet if needed.)*

	Relationship	Name	Complete Address	Phone number (s)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**LEGAL**

Who, if anyone besides yourself, is responsible for your legal and financial obligations and/or estate matters?

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have a General/Healthcare Power of Attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

How did you learn about our community and/or Lutheran Homes of SC ? \_\_\_\_\_

Who, if anyone, specifically referred you to our community and/or Lutheran Homes of SC ?

(check all that apply)

Newspaper    Internet    Friend/Family    Radio

Health Care Provider    Legal/Financial Planner    Clergy    Other (please explain below)

**SIGNATURES**

Applicant's Signature (self) \_\_\_\_\_

Printed Name (self) \_\_\_\_\_

Date \_\_\_\_\_

Power of Attorney Signature (if applicable) \_\_\_\_\_

Printed Name (Power of Attorney) \_\_\_\_\_

Date \_\_\_\_\_



**Health Care Community** ~ 1885 Rifle Range Road ~ Mt. Pleasant, South Carolina 29464  
(843) 856-4700 ~ fax (843) 856-4730

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**Active Lifestyle Community** ~ 1500 Franke Drive ~ Mt. Pleasant, South Carolina 29464  
(800) 940-7436 ~ (843) 216-2222 ~ fax (843) 375-5005

# Independent Living Active Lifestyle Community

## ACCOMMODATION PREFERENCES FOR INDEPENDENT LIVING ONLY

Please check your accommodation preference (check all that apply):

**1 Bedroom Apartment:**  Cove  Anson  Anson Deluxe  Beaufain

**2 Bedroom Apartment:**  Cove  Calhoun  Drayton  Rutledge  Middleton

My preference of Apartment Building is:  Cove  Waterside  Trailside  Woodside  None

**Cottage:**  The Ashley  The Edisto  The Berkeley  The Dorchester

If available, do you prefer a premium water view? Yes \_\_\_\_\_ No \_\_\_\_\_

## RETURN WITH YOUR APPLICATION

**PLEASE INCLUDE A RECENT PICTURE ~ A CASUAL PHOTO OR SNAPSHOT IS ACCEPTABLE**

PLEASE ATTACH A COPY OF:  Social Security Card  Medicare Card  Medical Insurance Card

PLEASE INCLUDE: (make checks out to: Franke at Seaside)

\$ 500 Application Fee NOTE: APPLICATION FEE IS NON-REFUNDABLE

\$ 5,000 Refundable Wait List /Administrative Deposit (If a couple, pay only one deposit)

Preference on delivery Wait List Offers (if applicable): Email: \_\_\_\_\_ US Mail: \_\_\_\_\_ Both: \_\_\_\_\_

If email, please list preferred email: \_\_\_\_\_

Person to notify when residence is available:

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Comments: \_\_\_\_\_

Please return to: Franke At Seaside Active Lifestyle Community  
Attn: Active Lifestyle Director of Marketing  
1500 Franke Drive  
Mount Pleasant, South Carolina 29464

Official Use Only:

Date application received: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health Care Community

## ACCOMMODATION PREFERENCES

If applicable, please check your accommodation preference (*check all that apply*):

**Assisted Living:** Private \_\_\_\_\_ Deluxe Suite \_\_\_\_\_ Premier Suite \_\_\_\_\_

**Memory Care Unit:** Private \_\_\_\_\_ Companion Suite (shared bath) \_\_\_\_\_

**Skilled Nursing Center** Private \_\_\_\_\_ Semi-Private Small \_\_\_\_\_ Semi-Private Large \_\_\_\_\_

## PLEASE RETURN WITH YOUR APPLICATION

PLEASE ATTACH A COPY OF (*when applicable*):

- Social Security Card     Medicare Card     Guardianship     Medical Insurance Card  
 Power of Attorney Papers     Health Care Power of Attorney     Advanced Medical Directive

Do you have any advanced directives? (please include copies if applicable)

Living Will \_\_\_\_\_ Five Wishes \_\_\_\_\_ DNR (Do not Resuscitate) \_\_\_\_\_

Funeral Home Preference \_\_\_\_\_

PLEASE INCLUDE:

\$ \_\_\_\_\_ Application Fee *NOTE: APPLICATION FEE IS NON-REFUNDABLE*  
(*Make Check Payable to Franke at Seaside*)

Person to notify when residence is available:

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please return to: Franke At Seaside  
Attn: Community Outreach Director  
1885 Rifle Range Road  
Mount Pleasant, South Carolina 29464

Official Use Only:

Date application received: \_\_\_\_\_ Date Medical Form received: \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_