

# MORROW HOME *A Well-Designed Senior Living Community*

Nursing Home & Rehab  
331 S. Water St.

Parkview Apartments  
315 S. Spring St.

Homestead Apartments  
331 S. Water St.

MaryCrest Apartments  
401 S. Water St.

BridgePath Advanced Assisted Living \* Memory Care  
503 S. Water St.



Sparta, WI 54656 [www.morrowhome.org](http://www.morrowhome.org) 608-269-3168

Adult Living Services, Independent & Assisted Living  
Housing Office 608-366-6293 Fax 608-269-1547

Nursing Home & Rehabilitation  
Social Workers Office 608-366-6241 Fax 608-269-1771

## **ADULT LIVING SERVICES APPLICATION for Independent Senior Living**

Morrow Home Community requires an application to be on file prior to any potential applicant age 55 and older being considered for any housing in any setting and is subject to approval. The accepted application shall remain on file for a period of 1 (one) year from date of submission. If the written application remains on file over one year due to continued contact, the potential applicant is required to update the financial information in order to keep the application in acceptance status.

This application will be part of the Rental Agreement and needs to be completed in its entirety. Morrow Home and its extensions affords equal treatment and access to its facilities and services for all persons without unlawful discrimination due to race, color, religion, sex, age, national origin, ancestry, or disability. **All information is held in confidence.**

**If application is for a married couple-please fill out a separate application for each partner.**

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Current Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Occupation prior to retirement: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Birthplace \_\_\_\_\_

Marital Status: Never Married \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Pastor: \_\_\_\_\_

**Ethnicity:**   o Hispanic/Latino   o Not Hispanic/Latino   o Resident declines   o Other \_\_\_\_\_

**Race:**   o American Indian/Alaskan Native   o Asian   o Black/African American   o White

o Unknown   o Hawaiian/Other Pacific Islander   o Other   o Resident declines

**PLEASE INCLUDE COPIES OF POAH, POAF, Advanced Directives, if applicable. IF POAH HAS BEEN ACTIVATED BY THE SIGNING OF 2 DOCTORS, INCLUDE COPY OF ACTIVATION. THANK YOU.**

**1st Contact in case of emergencies**

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

Address \_\_\_\_\_

Phone #s Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

*Circle Primary Phone Contact preference*

Email address \_\_\_\_\_

Preferred method of contact:

Email \_\_\_\_\_ O.K to call \_\_\_\_\_ Do not call \_\_\_\_\_ Include in mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

**If above contact is unavailable:**

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

Address \_\_\_\_\_

Phone #s Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

*Circle Primary Phone Contact preference*

Email address \_\_\_\_\_

Preferred method of contact:

Email \_\_\_\_\_ O.K to call \_\_\_\_\_ Do not call \_\_\_\_\_ Include in mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

**MILITARY INVOLVEMENT**

Veteran \_\_\_\_\_ Yes \_\_\_\_\_ No

Spouse of Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch of Military Served In \_\_\_\_\_

Veteran of a Foreign War where you served active duty during war time? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please specify \_\_\_\_\_

**Contact Charles Weaver, Veteran's Service Officer for information on possible benefits 608-269-8726  
charles.weaver@co.monroe.wi.us**

**FINANCIAL DATA (The information supplied is kept strictly confidential.)**

Are you a member of a Family Care funding program?

\_\_\_\_ Yes\* \_\_\_\_ No \*Name of Social Worker: \_\_\_\_\_ Name of Program: \_\_\_\_\_

ASSETS:	AMOUNT	TOTALS
Checking Balance	\$ _____	
Savings Accounts and CD's	\$ _____	
Stocks and Bonds (Approximate current value)	\$ _____	
Real Estate Owned	\$ _____	
Description:   o Home   o Farmland   o Rental Property		
Funds Held In Burial Trust	\$ _____	

**TOTAL ASSETS:** \$ \_\_\_\_\_**LIABILITIES:**

Home Mortgage (Remaining Balance)	\$ _____
Loan Payments (Remaining Balance)	\$ _____
Other Liabilities-please describe	\$ _____

**TOTAL LIABILITIES:** \$ \_\_\_\_\_**NET ASSETS – BALANCE** \$ \_\_\_\_\_**MONTHLY INCOME:**

Social Security	\$ _____
Private/Government Pension	\$ _____
Investment Income	\$ _____
Trust Income	\$ _____
Other Income	\$ _____

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**The Morrow Home Community strives to inform the public in the best ways possible of its resources. Please take a moment to check any of the following:**

I heard about the Morrow Home by: \_\_\_\_ friend \_\_\_\_ relative \_\_\_\_ own research  
 \_\_\_\_ website \_\_\_\_ Morrow Home Messenger \_\_\_\_ poster \_\_\_\_ other

I \_\_\_\_\_ (name) make this application for residency in the Morrow Home Community of my own free will and accord. I declare the answers to the foregoing questions to be true, full, and complete to the best of my knowledge. Any material misstatement in the information or subsequent transfer of assets empowers Morrow Home to void the application approval and/or resident agreement. I understand the Morrow Home may verify statements given in this application.

Date: \_\_\_\_\_ Signature of Resident: \_\_\_\_\_

Person Assisting with completion of application: \_\_\_\_\_

Return Adult Living Services  
Application to:401 S. Water Street, Sparta, WI 54656 Attn: *Housing Coordinator*  
Fax: 608-269-1547 Email: [housingcoordinator@morrowhome.org](mailto:housingcoordinator@morrowhome.org)