

SHARE, INC.
201-670-9605
COTTAGE PLACE SENIOR RESIDENCE, 104 Cottage Pl. and
PROSPECT PLACE SENIOR RESIDENCE, 130 Prospect St.
Ridgewood, NJ 07450

APPLICATION FOR RESIDENCY Today's Date _____

NAME _____ MARITAL STATUS _____
ADDRESS _____
PHONE – HOME _____ CELL _____
EMAIL _____ BIRTHDATE _____
AGE _____ Gender: M _____ F _____
Place of birth _____

HOUSING: Current living arrangements (alone/with others?) _____
Residence History: _____

Approximate date you will want housing _____ Frequently our vacancies are unexpected. Can you be ready to move on a month's notice or less? _____

The current monthly cost is \$1,588.00 which includes private bedroom, meals, housekeeping, and utilities. Please note a \$15 fee is added for cable for a total cost of \$1603.00

MEDICAL QUESTIONS: We do not discriminate or withhold residency from anyone with a history of any medical, psychiatric, or substance abuse problem.

A doctor's report will be requested. Please provide the following information:

Primary physician's name _____
Address _____ Phone _____

We do require full disclosure of past medical history – Please tell us about your medical history:
Please list any health issues (allergies, medical, psychiatric, substance abuse)

Please list all medications: _____

Please be aware that a resident who becomes **unable** or **unwilling** to self-medicate will no longer be considered eligible for residency.

What kinds of hospitalizations have you had during your life time: _____

Have you been admitted to a hospital within the last year? Yes _____ No _____
If yes, for what reason and what hospital _____

Have you ever been admitted to a rehabilitation facility? Yes ___ No ___
If yes, for what reason and what facility? _____

Are you currently or have you ever been under the care of a psychologist/psychiatrist/
therapist? Yes _____ No _____

Do you have a history of alcohol or drug/substance abuse? _____
Please describe: _____

Are you currently a smoker? _____ Smoking is not allowed in either residence nor
anywhere on the premises.

FAMILY INFORMATION: We require each resident to have a "Contact Person" in
the vicinity of Ridgewood on whom we may call in case of emergency. Name of person
who would act in that capacity for you:

Name _____ Relationship to you _____
Address _____ Phone _____
Cell #: _____ E-mail: _____

PLEASE LIST CLOSE RELATIVES (other than the one listed above)

Name	Address & Phone	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUPPORTS: Has anyone been appointed Power of Attorney or guardian?
Yes _____ No _____

If yes, please name:
Name _____ Relationship to you _____
Address _____ Phone _____
To what extent? Legal/financial _____ Medical _____ Both _____ Other _____

Has an Advanced Directive and/or Living Will been prepared? Yes _____ No _____
Person financially responsible to SHARE, INC., if other than yourself.

Name _____ Relationship to you _____
Address _____ Cell phone _____
Home phone _____ Business phone _____

PERSONAL

Why have you chosen to seek residency at a shared house? _____

How did you hear about our houses? _____

Do you have any special hobbies, interests or vocation? Please describe: _____

Our residents have meals together and occasionally participate in some group activities. Much time is spent alone, however, doing what each person enjoys. At present, how do you usually spend your day? _____

Tell us about yourself. _____

Are you bringing a car? _____ Parking is subject to availability and subject to the discretion of the Board of Directors.

SHARED RESPONSIBILITIES

Weekly housekeeping is professionally done. However, our residents do have a **SHARING SCHEDULE** at meal time: In teams of two, one day a week, they set/clear the dining tables, load the dishwasher, and wipe off the tables. How do you feel about such participation? _____

Two people share a bathroom at all times, during your residency with us you may be required to share a bathroom with a person of the opposite sex, how do you feel about this? _____

Meetings with residents are held once a month to exchange ideas and suggestions. How do you feel about such participation? _____

Is there anything we have not covered that you would like us to know about you or your housing requirements? _____

Date Completing this form

Prospective Residents' Signature

Thank you for your interest in **SHARE, INC.** If you have not already visited us, please call the Executive Director at 201-670-9605 soon to arrange a visit and discuss SHARE Senior Residences waiting list status.