

RIVERMEAD

ASSISTED LIVING WAITLIST

Waitlist Process:

- Fill out the Waitlist Agreement, the Confidential Data Application, the Resident Representative Form, the Authorization to Release Medical Information Form and the Resident Billing Information Form and return to RiverMead
- Payment of a **\$2,000 refundable** Waitlist Deposit which is applied to the Entrance Fee and a **\$500 non-refundable** Application Fee
- Your name is entered chronologically onto the Waitlist by the date you join.
- You can place your name on the list for more than one style of assisted living suite/room.
- When a suite/room becomes available, the first person on the list will be contacted and offered that accommodation

Please read the Waitlist Agreement carefully. If you have any questions, please call Jan Eaton, Director of Resident Services/Marketing at 603-924-0062.

RIVERMEAD

(I) **(We)** hereby make application for the **Waitlist at RiverMead.**

(I) **(We)** prefer the following **Unit type(s)**:

Choice 1 _____ Choice 2 _____

Choice 3 _____ Choice 4 _____

Anticipated move-in date: _____

This application is submitted with a non-refundable application fee of **\$500**, and a refundable Waitlist deposit of **\$2000 (for a total of \$2,500)**. When notified of an appropriate Unit (I) (We) intend, to pay the balance of the Entrance Fee or Entrance Fee deposit, which ever is appropriate, minus the refundable deposit paid, and execute a Residence and Care Agreement.

Please indicate title: (Mr., Mrs., Miss, Ms.)

Applicant (Name) _____

Second Person _____

Street Address _____

Street Address _____

City, State, Zip _____

City, State, Zip _____

(Area Code) Telephone _____

(Area Code) Telephone _____

Date of Birth _____

Date of Birth _____

Social Security Number _____

Social Security Number _____

Email _____

Email _____

Cell Phone _____

Cell Phone _____

(I) (We) understand that submitting this application will place (my) (our) names(s) on the RiverMead Waitlist in chronological order. (I) (We) further accept the terms of the Waitlist Agreement shown on the next page.

Applicant _____ Date: _____

Second Person _____ Date: _____

1. In return for the payment of the refundable Waitlist deposit, and submitting a completed Confidential Data Application, applicants will be considered for admission in the order of their position on the List.
2. This application does not entitle applicants to admission to RiverMead, but only to priority consideration for admission. The decision to admit or not to admit an applicant is made by RiverMead in the exercise of its sole discretion. The applicant agrees to accept such decision as binding and final in all respects.
3. RiverMead will credit an applicant's Waitlist deposit against the Entrance Fee upon execution of the Residence and Care Agreement.
4. An applicant's rights under this agreement are personal to him or her, may not be assigned and shall not pass to his or her heirs or personal representatives. If application is made by two persons together, both are deemed to be included in the word "applicant" as used in this agreement.
5. Any notice to an applicant shall be sufficient if mailed to the address given or as applicant later advises RiverMead.
6. By signing this agreement now and submitting a Confidential Data Application (I) We) agree to submit the balance of the 35% Entrance Fee deposit and sign the Residence and Care Agreement **within seven (7) days of notification.***

* Initial _____

Date: _____

7. This Waitlist Agreement shall terminate if any one of the following occurs:
 - A. The applicant's application for admission is rejected by RiverMead.
 - B. RiverMead receives written notice of termination and a refund request.
 - C. The applicant executes a Residence and Care Agreement and pays the balance of the 35% Entrance Fee deposit, in which event all rights and obligations of the parties shall be governed by the Residence and Care Agreement.
 - D. The applicant fails to deliver a signed Residence and Care agreement and the balance of the 35% Entrance fee deposit within seven (7) days of notification.
8. **Within thirty (30) days** * after receipt of the 35% Entrance Fee deposit and the signed Residence and Care Agreement, the balance of the Entrance Fee is required and the Monthly Service Fee will begin.

* Initial _____

Date: _____



ASSISTED LIVING WAITLIST

PLEASE SPECIFY YOUR UNIT CHOICES

Please Print Name:

Applicant #1 _____

Second Person _____

(I) (We) prefer the following Unit type(s):

Choice 1 _____ Choice 2 _____

Choice 3 _____ Choice 4 _____

Anticipated move-in date: _____

Signatures:

Applicant #1 _____

Date: _____

Second Person _____

Date: _____



Confidential Data Application

Applicant One

Name: _____
Birth Date: _____
Social Security # _____

Second Person

Name: _____
Birth Date: _____
Social Security # _____

FINANCIAL DATA

ASSETS:
1. Residence \$ _____
2. Savings \$ _____
3. CD's \$ _____
4. Stocks \$ _____
5. Bonds \$ _____
6. Trusts \$ _____
7. Other Real Estate \$ _____
8. Mutual Funds \$ _____
9. Other _____ \$ _____
10. Other _____ \$ _____

COMBINED ASSETS \$ _____

LIABILITIES
Mortgage \$ _____
Other Debts \$ _____

MONTHLY INCOME

	Applicant:	Second Person:
11. Social Security	\$ _____	\$ _____
12. Pension & Retirement	\$ _____	\$ _____
13. Survivor's Pension %	\$ _____	\$ _____
14. Annuities	\$ _____	\$ _____
15. Other	\$ _____	\$ _____

TOTAL MONTHLY \$ _____ \$ _____

TOTAL COMBINED MONTHLY \$ _____

Are the above listed funds held jointly by both applicants?
Yes No

If no, please describe in detail, on a separate piece of paper, how the funds are divided.

*Does the Pension amount increase with inflation? If so, describe adjustment process: _____

Circle the following responses that apply

Please see your policy binder for the following information

Do you have long term care insurance?
Does it cover Assisted Living (enhanced housing)?
Does it cover Skilled Nursing?
What is the daily rate?
Do you plan on keeping your long term care insurance?

	1st Person		2nd Person	
Do you have long term care insurance?	Yes	No	Yes	No
Does it cover Assisted Living (enhanced housing)?	Yes	No	Yes	No
Does it cover Skilled Nursing?	Yes	No	Yes	No
What is the daily rate?	\$ _____		\$ _____	
Do you plan on keeping your long term care insurance?	Yes	No	Yes	No

All information subject to review and approval prior to occupancy.

I HEREBY DECLARE THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND COMPLETE ACCORDING TO MY BEST KNOWLEDGE AND BELIEF. IN WITNESS WHEREOF I HAVE SET MY HAND TO THIS APPLICATION THIS _____ DAY OF _____ 20_____

Witness

Applicant

Witness

Applicant



AUTHORIZATION TO RELEASE MEDICAL INFORMATION

MEDICAL PRACTICE/PHYSICIAN: _____

PATIENT'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY NO. _____

I, _____, understand that my medical record contains confidential information. If I have discussed certain sensitive information with my personal physician or other provider, my medical record may also make reference to this information. Sensitive information includes alleged or actual drug/substance abuse; testing/treatment for AIDS or HIV; or treatment of psychiatric conditions. The above named medical practice has kept the information in my medical record in strict confidence. This information is being released at my request. I also understand that the above-named medical practice and/or physician cannot be held responsible for how this information is used once it is released.

I hereby authorize release of my medical information to:

Director of Health Services
RiverMead Health Center
300 RiverMead Road
Peterborough, NH 03458

Date

Patient or Representative Signature



RESIDENT REPRESENTATIVE FORM

Information on Potential Resident's Representative

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE: (Work) _____ (Home) _____

RELATIONSHIP TO POTENTIAL RESIDENT: _____

SIGNATURE: _____ DATE: _____

COMMENTS: _____
