



WICKENBURG'S FULL SERVICE ACTIVE 55+ COMMUNITY

400 N. Jefferson St., Wickenburg, Arizona 85390

(928) 684.5925 myfathersretirementranch.com

Application for Residency

Thank you for your interest in My Father's Retirement Ranch; Wickenburg's full-service, active fifty-five plus community. Your application for residency will be processed upon receipt of the items listed below:

- ✓ Application for Residency
- ✓ Financial Disclosure
- ✓ Primary Care Provider Recommendation
(completed within 30 days prior to move-in)
- ✓ \$200 Application Fee
- ✓ \$50 Assessment Fee

Once accepted for residency, you will have the option to place a security deposit for an available unit or secure a spot on the opportunity list. If, after one year, you have not accepted accommodations, the entire application process must begin again, including completion of a new application and payment of an additional \$50 assessment fee.

Within 30 days prior to moving in, an in-person interview with Ranch staff will be required and a health assessment completed and signed by your physician. Please be assured all information furnished in this application will be held in strictest confidence, to be used only to determine eligibility, and match our services with your needs and preferences. Contact me at 928-684-5925 if you have questions or concerns about this process. I look forward to assisting you.

Best Regards,

Kevin P. Armstrong
Executive Director
My Father's Retirement Ranch

Financial Disclosure

Please fill in all areas that apply, or submit a personal financial statement. **Information will be held in the strictest of confidence.** *NOTE: All information listed in this section may be subject to verification prior to admission.*

ASSETS	Value	Name of Bank, Stock, or Fund
Cash		
Savings		
Real Estate		
Stocks/Bonds		
Mutual Fund		
CD		
Auto		
Life Insurance		
Other		
TOTAL ASSETS		
LIABILITIES:	Value	Name of Bank, Stock, or Fund
Rent/Mortgage		
Notes/Loans		
Other		
TOTAL LIABILITIES		
INCOME:	Value	Name of Bank, Stock, or Fund
Social Security		
Pension		
Annuity		
Other		
TOTAL MONTHLY INCOME:		

I certify that the above information is correct and true to the best of my knowledge. I understand that providing incorrect information on this form could result in immediate termination of the Residency Agreement. I understand and agree that the foregoing application is not a contract or reservation for residence. Nothing contained herein is binding on either party until a Residency Agreement has been signed by both parties.

Prospective Resident Date

Responsible Party Date



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www.myfathersretirementranch.com

Primary Care Provider Recommendations

Date: _____

Dear _____,

One of your patients has expressed interest in our residential community. We would greatly appreciate your input as we consider the best options for the resident. The information you provide will enable us to make informed decisions regarding the accommodations, care, and service options needed. *Please complete the following and fax to the number above.* Thank you in advance for your assistance.

Leah C. Armstrong
Resident Care Manager

Permission

I, _____, hereby give my permission to release relevant information to *My Father's Retirement Ranch* for the purpose of considering me for residency at The Ranch.

Signature: _____

Birth Date: _____

To Be Completed By Physician

Please select the appropriateness of the following levels of care for this individual.

Independent Living	very/	somewhat/	inappropriate
Independent Living with Services	very/	somewhat/	inappropriate
Assisted Living Residential Care	very/	somewhat/	inappropriate
Nursing Care	very/	somewhat/	inappropriate
Specialty Care Unit (ie. memory care/ Alzheimer's/ dementia)	very/	somewhat/	inappropriate

Explanation of recommendation: _____

Health Statement (*detailed listing of resident's diagnosis*): _____

Doctor Signature: _____

Date: _____

my father's retirement
Ranch

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IN WITNESS WHEREOF, the parties below subscribe their signatures to this Application in Wickenburg, Arizona, on this ____ day of _____, 20____.

APPLICANT

Printed Name _____

Signature _____

Representative

Printed Name _____

Signature _____

My Father's Retirement Ranch

Printed Name _____

Signature _____

Title _____