



CLARK

RESIDENCY APPLICATION



Clark Retirement Community
(616) 452-1568 telephone
www.ClarkRetirement.org

Franklin Campus
1551 Franklin Street SE
Grand Rapids, MI 49506

Keller Lake Campus
2499 Forest Hill SE
Grand Rapids, MI 49546

CLARK RETIREMENT COMMUNITY

Application for Residency



PERSONAL INFORMATION

Name _____

Address _____

E-Mail Address _____ Phone _____

Date of Birth _____ Place of Birth _____

Social Security Number _____ Education Level _____

Former Occupation _____

Marital Status Married Single Divorced Widowed

Name of Spouse _____ Living/Anniversary Date _____ Deceased

Person to be notified about moving to Clark if other than applicant.

Name _____ Home Phone _____

Address _____ Cell Phone _____

City / State / Zip _____ Work Phone _____

E-Mail Address _____

Church Affiliation _____

Denomination _____

Address _____

City / State / Zip _____

Name of Pastor _____ Phone _____

Would you like to be on: Ready Wait List (Will move to Clark when an accommodation becomes available)
 Not Ready Wait List (Not quite ready to move to Clark)

TYPE OF HOUSING

INDEPENDENT LIVING

TOWNE HOMES

- Franklin Towne Homes 1 Bedroom 2 Bedroom
- Keller Lake Towne Homes 1 Bedroom 2 Bedroom
- Franklin Duplex or Fourplex 1 Bedroom 2 Bedroom

APARTMENTS 1 Bedroom 2 Bedroom

STUDIOS & SUITES (FRANKLIN CAMPUS)

- Studio Room
- Studio w/ Kitchenette
- Suite w/ Kitchenette

ASSISTED LIVING

- Franklin Assisted Living
- Franklin Dementia Services
- Keller Lake Assisted Living
- Keller Lake Dementia Services

SKILLED NURSING (FRANKLIN CAMPUS)

- Skilled Nursing
- Skilled Nursing Dementia Services



INSURANCE INFORMATION

Primary Insurance / Medicare _____ Policy / Medicare # _____

Other Health Insurance _____

Insurance Policy Number _____ Phone _____

Billing Address _____

Long Term Care Insurance _____

Insurance Policy Number _____ Phone _____

Amount of Coverage _____ Length of Coverage _____

Billing Address _____

OTHER INFORMATION

Primary Care Physician _____

Phone _____ Fax _____

Hospital Preference (if non-emergency) _____

Ambulance Preference (if contracted) _____

Home Care Preference _____

Hospice Preference _____

Funeral Home Preference _____

How did you hear about Clark Retirement Community? _____

Why did you select Clark Retirement Community? _____

Do you know someone who lives here? Yes No

If yes, who? _____

Do you have interest in volunteering at Clark? Yes No

Could our Voluteer Coordinator contact you? Yes No



EMERGENCY CONTACTS

Clark recommends that residents designate a Durable Power of Attorney (DPOA) and a Health Care Power of Attorney which is called a Patient Advocate in Michigan.

Please list each person, their level of responsibility (DPOA and/or Patient Advocate) and the order you wish them contacted in the event of an emergency. You give Clark permission to share health information with these individuals.

Name _____ Responsibility _____
Address _____ Cell Phone _____
City / State / Zip _____ Other Phone _____
E-Mail Address _____

Name _____ Responsibility _____
Address _____ Cell Phone _____
City / State / Zip _____ Other Phone _____
E-Mail Address _____

Name _____ Responsibility _____
Address _____ Cell Phone _____
City / State / Zip _____ Other Phone _____
E-Mail Address _____

Name _____ Responsibility _____
Address _____ Cell Phone _____
City / State / Zip _____ Other Phone _____
E-Mail Address _____

Statements from Clark should be sent to _____

INDIVIDUAL CONFIDENTIAL FINANCIAL INFORMATION

In addition to the information below, please provide a copy of last year's income tax returns and the most recent bank statements, including investments.

MONTHLY INCOME

Social Security Income \$ _____ Pension Income \$ _____
Annuities Income \$ _____ Years Remaining _____
Dividends Income \$ _____ Interest Income \$ _____
Long Term Care Insurance Income \$ _____ Annual Cap \$ _____
Rental / Real Estate Income \$ _____ Trust Income \$ _____
Veteran Benefit \$ _____ Other Income \$ _____

Are these sources of income expected to continue throughout your lifetime? Yes No

If unexpected future developments should reduce your income below the level needed, would family members or others provide needed funds? Yes No

EXPENSES (after becoming a resident at Clark)

HOUSEHOLD

Association Fees \$ _____ Cell Phone \$ _____
Food/Entertainment \$ _____ Utilities \$ _____
Other \$ _____

INSURANCE

Health/Auto/Life \$ _____ Other \$ _____

LOANS

Auto \$ _____ Mortgage \$ _____
Other \$ _____

Are you the co-signer for any loans? Yes No

Amount \$ _____ Payoff Date _____

MEDICAL

Co-Pays/Other \$ _____ Pharmacy/Prescriptions \$ _____

TAXES

Real Estate \$ _____ Income \$ _____

INDIVIDUAL CONFIDENTIAL FINANCIAL INFORMATION (Continued)

In addition to the information below, please provide a copy of last year's income tax return and the most recent bank statements, including investments.

ASSETS

Checking \$ _____ Savings \$ _____

Certificates of Deposit \$ _____ IRA or KEOGH Fund \$ _____

Stocks/Bonds/Mutual Funds \$ _____

Real Estate (less mortgage) \$ _____

Trusts \$ _____ Name of Trust _____

Date of Trust _____ Beneficiary(s) _____

Annuity \$ _____ Life Insurance \$ _____

Prepaid Funeral Contract \$ _____ Other Major Assets \$ _____

I hereby make my application to Clark Retirement Community and affirm that my answers on this application are true and fairly represent the facts. The assets listed above are pledged for the care of the applicant.

Signature of Applicant _____

Date _____

Please mail your completed application along with a deposit of \$250 per person to:

Clark Retirement Community
Attn: Marketing - Resident Application
1551 Franklin Street SE
Grand Rapids, MI 49506

The \$250 deposit is not required if you are applying for skilled nursing care in the Keller Center at Clark.

CLARK RETIREMENT COMMUNITY
Application for Residency (If Applicable)



RESIDENTS WITH MILITARY SERVICE

Name _____ Age _____

Residence _____

Spouse of Veteran _____

Branch of Service _____

Type of Unit _____

Location of Training _____

Length of Service _____

Type(s) of Service Performed _____

Where Service was Performed _____

Were you active at least one day during a conflict? Yes No

Ranking at Time of Discharge _____

Special Assignment(s) _____

Hometown _____





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