

Admission Application
Prairie View Apartments - Garner, Iowa
For Independent Senior Living

Name: _____ Birth date: _____

Social Security Number: _____ Driver's license # _____

Spouse/Significant Other: _____ Birth date: _____

Social Security Number: _____ Driver's license # _____

Current address: _____
Street City State Zip Code

Telephone Number: _____

Desired apartment size (circle) - single or economy studio or 1 bedroom - original or converted

Contemplated move-in date: _____

Please list 2 relatives or friends we may contact in case of emergency:

1. _____
Name Telephone Number

2. _____
Name Telephone Number

Please list 4 references (no relatives) we may contact (including past two landlords)

1. _____
Name Telephone Number

2. _____
Name Telephone Number

3. _____
Name of current Landlord Tenancy dates Telephone Number

4. _____
Name of prior Landlord Tenancy dates Telephone Number

How did you learn of Prairie View Apartments? () Friends () Newspaper () Magazine () Other _____

Reason for wanting to move: _____

Have you ever been evicted? () Yes () No If yes, specify: _____

Prairie View Home offers Rental Assistance if a tenant is unable to financially meet the monthly rental apartment fee. Are you interested in applying for rental assistance? Yes No (See attached Supplement)

Do you have a drug or alcohol criminal history? Yes No If yes, specify: _____

Have you ever been convicted of a crime or charged with a felony? Yes No If yes, specify: _____

Are you or have you ever been on any sex offender registry? Yes No If yes, specify: _____

Do you have a pet or assistant animal? Yes No If yes, please describe: _____

Do you have automobile liability insurance? Yes No N/A

Do you have any existing circumstances that interfere with one or more tasks of daily living? (See attached Supplement)

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit history and to check with my previous landlords, and to check public records. I understand that the information obtained will be considered in determining eligibility for residency. This information will be kept confidential to the extent required by law. I understand that information found to be false may result in the denial of my application or termination of my tenancy.

Durable Power of Appointment: If my application is accepted and it ever becomes necessary to serve me with a notice or judicial process of any kind, I appoint as my agent for receipt of notice and service of process each of those persons identified above who can be contacted in case of emergency, as well as any co-tenant. This appointment is irrevocable during my tenancy without the consent of the Landlord, and shall survive my incapacity.

Signature

Date

Signature

Date

INITIAL & FOLLOW UP RESIDENT SURVEY FOR INDEPENDENT LIVING AT

PRAIRIE VIEW APARTMENTS
750 WEST LYON STREET
GARNER, IOWA 50438

NAME _____

DATE _____

Grooming Ability to tend to personal hygiene needs. SCORE
(i.e. washing face/hands, hair care, shaving or
makeup, teeth/denture care, fingernail care, etc.) _____

- * 0= Able to groom self unaided, with or without the use of assistive devices or adaptive methods (or able to manage devices/methods independently.)
- * 1= Grooming utensils must be placed within reach before able to complete grooming activities.
- 2= Needs assistance to groom self.
- 3= Resident depends entirely upon someone else for grooming needs.

Dressing Ability to dress upper and lower body. SCORE

- 0= Able to obtain, put on, and remove clothing and shoes without assistance.
- 1= Able to dress without assistance if clothing is laid out or handed to the person.
- 2= Someone must help the person put on clothing.
- 3= Person depends entirely upon another person to dress.

Bathing Ability to wash entire body. Excludes grooming SCORE
(washing face/hands only.) _____

- 0= Bathes self in shower or tub independently.
- 1= With the use of devices, is able to bathe self in shower or tub independently.
- 2= Able to bathe in shower or tub with assistance of another person:
 - a) for intermittent supervision or encouragement or reminders OR
 - b) to get in and out of the shower or tub OR
 - c) for washing difficult to reach areas.
- 3= Participates in bathing self in shower or tub, but requires assistance of Another person throughout the bath for assistance or supervision.
- 4= Unable to use the shower or tub and is bathed in bed or bedside chair
- 5= Unable to effectively participate in bathing and is totally bathed by another person.

Toileting

SCORE

- 0= Able to independently toilet.
- 1= When reminded, assisted or supervised by another person, able to get to and from the toilet.
- 2= Unable to get to/from the toilet but is able to use a bedside commode.
- 3= Unable to get to/from toilet or bedside commode but is able to use bedpan or urinal independently.
- 4= Totally dependent in toileting.

Incontinence

Ability to be continent

SCORE

- 0= No incontinence problem
- 1= Very rarely has incontinence.
- 2= Less than once weekly.
- 3= One to three times a week.
- 4= Four to six times a week.
- 5= On a daily basis.
- 6= More often than once daily.

Transferring

Ability to move from bed to chair, on and off toilet or commode, into/out of tub/shower. SCORE

- 0= Able to independently transfer
- 1= Transfers with minimal human assistance or with use of an assistive device.
- 2= Needs assistance to transfer but able to bear weight and pivot.
- 3= Unable to bear weight and pivot.

Ambulation/Locomotion

Ability to safely walk, once in a standing position, or use a W/C or other adaptive device.

SCORE

- 0= Able to independently walk on even or uneven surfaces and climb stairs with or without railings (needs no assistance or device).
- 1= Requires use of a device (cane/walker) to walk along.
- 2= Able to walk only with the supervision or assistance of another person at all times.
- 3= Unable to transfer, unable to bear weight and pivot.
- 4= Chair fast, able to wheel self independently.

Housekeeping **Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.** **SCORE**

- 0= Able to perform housekeeping independently – must be able to maintain a clean, orderly apartment on a daily basis.
- 1= Able to perform only light housekeeping tasks (dusting, wiping counter tops, dishes, etc.)
- 2= Able to perform light housekeeping tasks with intermittent supervision/assistance.
- 3= Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process.
- 4= Unable to participate in any housekeeping tasks.

Shopping **Ability to plan for, select, and purchase items in a Store and to carry them home or arrange for delivery** **SCORE**

- 0= Able to plan for shopping needs and independently perform shopping tasks, including carrying packages.
- 1= Able to go shopping, but needs some assistance.
- 2= Unable to go shopping, but is able to identify items needed, place orders, and arrange for delivery.
- 3= Needs someone to do all shopping and errands.

Telephone **Ability to answer the phone, dial numbers, and Effectively use the phone to communicate.** **SCORE**

- 0= Able to dial numbers and answer calls appropriately and as desired.
- 1= Able to use a specially adapted phone
- 2= Able to answer the phone and carry on a normal conversation but has difficulty placing calls.
- 3= Able to answer the phone some of the time or is only able to carry on a limited conversation.
- 4= unable to answer the phone, but can listen.
- 5= Totally unable to use the phone.

Management of Meds**SCORE**

Ability to prepare and take all prescribed Oral medications reliable and independently, including administration of the correct dosage at the appropriate time/intervals. Excludes injectable and IV meds. Refers to ability, not compliance or willingness.

- 0= Independently takes correct oral medications with proper doses at correct times.
- 1= Able to take meds at the correct time if:
 - a) individual dosages are prepared in advance by another person OR
 - b) given daily OR
 - c) someone develops a drug diary or chart
- 2= Unable to take medications unless administered by someone else.

Feeding/Eating Ability to feed self meals and snacks. Eating
Chewing, swallowing only. (Not preparing food)**SCORE**

-
- 0= Feeds self independently.
 - 1= Able to feed self independently, but requires
 - a) meal set-up OR
 - b) intermittent assistance or supervision OR
 - c) liquid, pureed or ground meat etc.
 - 2= Unable to feed self and must be assisted or supervised throughout the entire meal
 - 3= Able to take in nutrients orally and receives supplemental nutrients through a tub
 - 4= Fed totally by a nasogastric or gastrostomy tube.
 - 5= Unable to take in nutrients orally or by feeding tube.

Planning/Preparing Light Meals**SCORE**

-
- 0= Able to independently plan and prepare all light meals.
 - 1= Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
 - 2= Unable to prepare any light meals or reheat any delivered meals.

Laundry Ability to do own laundry, carry laundry to and from
washing machine, to use washer and dryer and wash
small items by hand.**SCORE**

-
- 0= Physically, mentally, and cognitively able to be independent.
 - 1= Able to do only light laundry, such as minor hand washing or light washer loads. Needs help to manage washers and dryers.
 - 2= Unable to do laundry due to physical limitation or needs continual supervision and assistance due to cognitive/mental limitation.

Safety **Ability to use all safety devices.** **SCORE**

- 0= Able to call 911. Use all appliances safely and be able to implement the security system. (Participate in tornado and fire drills)
- 1= Needs some direction in the use of safety measurers.
- 2= Needs assistance with all safety measurers.
- 3= Unable to learn to use appliances safely and unable to learn security system.

Transportation **Independent with transportation** **SCORE**

- 0= Has own car; travels independently.
- 1= Able to arrange transportation, such as a bus or someone to drive them.
- 2= Can only use public transportation such as a taxi or city bus.
- 3= Unable to drive or make arrangements for transportation.

Management of Equipment **Ability to manage equipment, including set-up, monitor and change equipment sensibly and safely, add appropriate fluids or med, clean/store/dispose of equipment and supplies with proper technique.** **SCORE**

- 0= Independent in equipment use and management
- 1= If someone else sets up equipment, person is able to manage all other aspects.
- 2= Requires considerable assistance from another person, but completes some portions of the tasks independently.
- 3= Able to monitor equipment, but needs assistance to manage equipment.
- 4= Completely dependent on another for equipment management.

Cognitive Ability	Current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.	SCORE _____
--------------------------	--	-----------------------

- 0= Alert/oriented, able to focus and shift attention, comprehends and Recalls task directions independently. Able to identify person, Place, time, season and year.
- 1= Requires prompting (cueing, repetition and reminders) only under stressful or unfamiliar conditions.
- 2= Requires assistance and some direction in specific situations (e.g. on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility.
- 3= Requires considerable assistance in routine situation. Is not alert and oriented, or is unable to shift attention and recall directions more than half the time
- 4= Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

Behavior Problems demonstrated at least once a week.	SCORE
---	--------------

- 2= Memory deficit _____
- 4= Impaired decision making _____
- 30 = Verbal disruption _____
- 30= Physical aggression _____
- 30= Disruptive infantile or socially inappropriate behavior _____
- 30= Delusional, hallucinatory, or paranoid behavior _____

TOTAL: _____

Date _____ Signature _____

- 0 – 10 = Independent Living – Independent with some adaptive devices.
- 11 – 14 = Home Health Care – Probation and another reassessment in 30 days to see if resident is making satisfactory progress towards independent living.
- 15 – 30 = Assisted Living – Needs an evaluation by social worker.
- Over 30 = LTC – Does Not Qualify.