



In order to apply to **Scottish Rite Park, Inc.**, please complete the following procedures and documents in full. These instructions need to be completed if you are wishing to purchase a unit immediately or wanting to place your name on the waiting list. Documents needed are attached.

- Listing Agreement
- Financial Profile
- Health Profile for **each** applicant (*completed by applicant and physician*)
- Independent Living Form for **each** applicant
- Current copies of your *Bank Statement and Brokerage Statement*
- Check for \$750, payable to **Scottish Rite Park**

Please be sure all forms are completely filled out, signed and dated. Once we have received the above information, the Board of Directors will review the application at the following monthly meeting. You will receive a confirmation that you are either accepted or declined. Once an apartment becomes available, and your name is the next on the list for that style, you will be notified. If you are purchasing immediately, we will notify you and begin a move in timeline.

If you have any questions, please contact, LeeAnne Opie, Marketing Director, at (515) 274-4614.

We look forward to a new beginning together!



1. The undersigned applicant(s), being desirous of becoming a resident(s) of **Scottish Rite Park**, makes this preliminary application for a Type(s) _____ residence therein which type of residence is not now available. The applicant desires to put a date restriction of not before _____ , _____ and/or a floor restriction of not above/below _____ .
2. In consideration of the sum of \$750.00, **Scottish Rite Park** hereby agrees:
 - (a) to place the name(s) of the undersigned on its waiting list of applicants for said type residence;
 - (b) to make preliminary inquiry as to eligibility;
 - (c) to apply said deposit toward payment on any application approved by **Scottish Rite Park**, which the undersigned applicant(s) may hereafter make for any type of residence in **Scottish Rite Park** while this listing is in effect.
3. **Scottish Rite Park** agrees to notify the undersigned applicant(s) in writing of the occurrence of a vacancy of said type residence; and the undersigned applicant(s) agrees that within ten (10) days thereafter a formal application will be filed for admission on forms to be supplied by **Scottish Rite Park**. Such application shall be subject to action thereon and approval by its Board of Directors. The entrance fee to be paid for such residence shall be in the amount set forth in the schedule of residence costs in effect at the time of mailing or delivering written notice of vacancy to the undersigned.
4. Said deposit of \$750.00 shall not draw interest and it shall not be refundable except that such sum shall be refunded if:
 - (a) the health of the undersigned has deteriorated so that he or she can no longer take care of himself or herself and such fact is so certified, in writing by a physician; or
 - (b) if the Board of Directors does not accept the application as referred to in Paragraph 3 above.



Name			Birth Date
Address			Medicare #
City	State	Zip	Social Security #
Phone		Cell Phone(s)	
Email(s)		(Former) Profession	

Marital Status: Married Widowed Divorced Single

In case of emergency, notify: (Please list only those not living you):

Name	Relationship	Phone
Address		
City, State, Zip		
Name	Relationship	Phone
Address		
City, State, Zip		
Physician	Address	Phone
Pharmacy	Address	Phone
Dentist		
Church		Mortuary
Hospital Preference		
Hobbies & Interests		

Authorization: To my attending physician: You are hereby authorized to provide **Scottish Rite Park** any information you may have regarding my condition when under observation or treatment by you, including the history obtained, physical and laboratory findings and your conclusions.

Date	Applicant's Signature
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Resident/Patient Name _____

PHYSICIAN'S STATEMENT

I have known the above applicant for _____ years.

Present condition of health? Excellent Good Fair Poor

Do you know of any reason why the Applicant could not expect to enjoy an apartment at Scottish Rite Park, in reasonable good health capable of living completely independent now and in the foreseeable future?

Date of Last Physical _____

Physician's Signature _____

Physician's Print Name _____



Name(s)

The following information is requested to assure that your financial resources will be adequate to fulfill your needs as a resident of **Scottish Rite Park**. *Any and all information provided will be held in the strictest of confidence.*

ASSETS

AMOUNT OR VALUE

	AMOUNT OR VALUE
Checking/Savings Accts at:	\$
banking institution name	
Savings Accounts, Certificates, Etc:	\$
	\$
	\$
	\$
	\$
	\$
	\$

Life Insurance Policy(s):

Policy Owner	
Cash Value	\$
Beneficiary	

Life Insurance Policy:

Policy Owner	
Cash Value	\$
Beneficiary	

Securities, Stocks, Bonds, Etc:

	\$
	\$
	\$
	\$
	\$
	\$
	\$

Trust Funds (Name, Administrator):

	\$
	\$

Are you the primary trustee on the account? Yes No



ASSETS (continued)

AMOUNT OR VALUE

Residence & Other Real Estate:

Address

Value

\$

\$

\$

\$

\$

Are you the primary title holder? Yes No

Auto(s):

Model

Make

Yr.

Worth \$

Model

Make

Yr.

Worth \$

Other Assets (Describe):

Value

\$

\$

\$

\$

\$

\$

\$

TOTAL ASSETS

\$

LIABILITIES

AMOUNT OR VALUE

\$

\$

\$

\$

(Please attach information if additional payments are owed, obligations, mortgages, etc.)

TOTAL LIABILITIES

\$

CONFIDENTIAL FINANCIAL PROFILE

Scottish Rite Park, Inc. | 2909 Woodland Ave | Des Moines, Iowa 50312 | 515.274.4614

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rite park



RETIREMENT INCOME	Monthly	Annual Total
Social Security	\$	\$
Social Security (Second Person)	\$	\$
Pension or Retirement Plan	\$	\$
Pension or Retirement Plan (Second Person)	\$	\$
Interest from Bonds & Savings	\$	\$
Income from Stocks & Other Securities	\$	\$
Market Securities	\$	\$
Liquid Securities	\$	\$
Payments from Contracts, Etc.	\$	\$
Rental Income	\$	\$
Farm Income	\$	\$
Other	\$	\$
	\$	\$
	\$	\$
TOTAL RETIREMENT INCOME	\$	\$

Do you have Long Term Care Insurance? Self: Yes No Spouse: Yes No

Daily Limit \$

Term of Contract

If application is for more than one person, state what, if any, changes will occur in the above income if either is left on their own.

Note: Scottish Rite Park may request current copies of all financial statements and investments for profile information.

I/We certify that the above information or contents of this profile are true and are a completed statement of my/our financial conditions, and details relating thereto, on the _____ day of _____, _____.

I/We will immediately notify you of changes in financial condition, and unless you are so notified, you may continue to rely upon the statement hereon given.

Applicant(s) Name/Signature: _____ **Date** _____



Name of Applicant _____

Residents entering **Scottish Rite Park** independent living units must be capable of meeting the following criteria.

Please answer the following questions by placing an **A** for **ALWAYS**, **S** for **SOMETIMES** or an **N** for **NEVER**.

As a prospective resident of **Scottish Rite Park**:

- _____ I am able to prepare adequate meals without reliance upon others in my living unit.
- _____ In the dining room, I can make my own adequate food selections, make dinner reservations, go to and from the dining room without reliance upon others and eat without assistance.
- _____ I can do my own housekeeping alone or make own arrangements for help with heavy work.
I maintain my own living unit in a clean condition, including removal of garbage and trash.
- _____ I am mobile and can move throughout the public spaces without reliance upon others.
- _____ I am capable of proper self administration of medications in correct dosages at correct times.
- _____ I am able to purchase food, medications, clothing, etc. required for daily living without reliance upon others in the independent living units.
- _____ I am capable of managing my own financial matters.
- _____ I travel independently, have my own car or arranges for my own travel.
- _____ I care for myself completely. (i.e. Toilet and personal hygiene)
- _____ I can bathe myself without reliance upon others.
- _____ I am always appropriately dressed and groomed without reliance upon others.
My hair, nails, hands, face, clothing are all clean.
- _____ I have no difficulty with time, place or person orientation.

_____ I am able to fully participate in planning and exercising good judgment in decision making in matters of personal health and welfare, or can participate in planning and decision making.

_____ I have no symptoms of anxiety, depression, paranoia or phobias. Symptoms listed above are mild and do not significantly hinder the daily independent living.

_____ I have no disturbing or disabling behavior patterns, traits or personal habits that would affect my suitability for group living.

_____ I am aware of and practice routine safety matters without reminders or teaching assistance.

_____ I am able to safely operate household appliances within the living unit.

_____ My use of drugs or alcohol is not excessive or abusive.

Scottish Rite Park expects residents that fail to meet a significant number of the above criteria after admission to the independent living units, will be required to seek admission to the residential or nursing facilities.

I affirm that the information provided above is correct to the best of my knowledge. I am aware that any negligence in answering these questions inaccurately could prohibit my acceptance into **Scottish Rite Park**.

SIGNATURE

DATE