

Thank you for your interest in **Scottish Rite Park**! To make application for immediate residency or to be placed on our waiting list, you will need to complete the attached documents. Please make sure all forms are filled out entirely and are signed and dated.

- Listing Agreement
- Financial Profile
- Health Profile for *each* applicant
- Independent Living Form for *each* applicant
- Current copies of your bank statement and brokerage statement
- Check for \$750 made payable to **Scottish Rite Park**

Once we have received your completed application, it will be reviewed by our Board of Directors. Subsequently, you will be notified whether your application was accepted or declined. As an approved applicant, we will either establish a move-in timeline for an immediate purchase, or your name will be placed on our wait list. When an apartment becomes available, and your name is next on the wait list for that style of apartment, you will be notified. You will then have the opportunity to accept or decline purchase of that apartment.

Thank you again for considering Scottish Rite Park for your new home. We look forward to a new beginning together.

If you have any questions, please contact Monica Kuehl, Director of Marketing, at (515) 274-4614.

1. The undersigned applicant(s), being desirous of becoming a resident(s) of Scottish Rite Park, makes application for apartment styles (list all styles of interest such as G, F, A, B, D, etc.) _____. The applicant desires to put a date restriction on moving to Scottish Rite Park of not before (month and year) _____, _____. The applicant desires to put a floor restriction of not above _____ floor or not below _____ floor.

2. In consideration of the \$750.00 application fee:

- a. Scottish Rite Park agrees to place the name(s) of the undersigned on its waiting list of applicant(s) for said style(s) of residence.
- b. Scottish Rite Park agrees to apply said deposit toward payment of any style of residence that application has been approved for.
- c. Said deposit shall not draw interest.
- d. Said deposit shall not be refunded except that such sum shall be refunded if the Board of Directors does not accept the application.

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

515-274-4614

PROFILE

scottish
rite park



Simply Elegant Senior Living

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 with you):

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

***Were you referred by a current resident of Scottish Rite Park? If so, please share with us who so that we may be sure to thank them.

Referred by: _____

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.

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 Name (Print):

**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****Checking/Savings Accts, Etc:**

\$

Banking institution name

\$

\$

\$

\$

\$

\$

\$

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	Year	Worth \$
Model	Make	Year	Worth \$

Other Assets (Describe)

Value	\$
	\$
	\$
	\$
	\$
	\$
	\$

TOTAL ASSETS

\$

LIABILITIES**AMOUNT OR VALUE**

	\$
	\$
	\$
	\$

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

TOTAL LIABILITIES

\$



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

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 **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 or make my own arrangements for help with heavy work. I maintain my own living unit in a clean condition, including removal of garbage.
- _____ 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 and other necessities 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 am capable of arranging 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. I maintain my hair, nails, hands, face and clothing in a clean manner.
- _____ I am orientated to time and place and person.

_____ I exercise good judgement in decision-making in matters of personal health and welfare,
or can participate in the planning and decision-making.

_____ 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.

Please answer (T) True or (F) False to the following questions:

_____ I have no symptoms of anxiety, depression, paranoia or phobias; or associated symptoms
are mild and do not significantly hinder my daily independent living.

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

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

Scottish Rite Park requires residents who fail to meet a significant number of the above criteria after admission to the independent living units, seek a higher level of care in 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