

Reservation Application



Cottage Locations:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Alpine Meadows | <input type="checkbox"/> Boise #1-AL | <input type="checkbox"/> Boise #2-MC | |
| <input type="checkbox"/> Columbia Village #1-AL | <input type="checkbox"/> Columbia Village #2-MC | <input type="checkbox"/> Columbia Village #3-MC | |
| <input type="checkbox"/> Emmett #1-MC | <input type="checkbox"/> Emmett #2-AL | <input type="checkbox"/> Middleton-MC | <input type="checkbox"/> Middleton-AL |
| <input type="checkbox"/> Lochsa Falls #1-MC | <input type="checkbox"/> Lochsa Falls #2-MC | <input type="checkbox"/> Mt. Home-MC | <input type="checkbox"/> Payette-MC |
| <input type="checkbox"/> Meridian #1-MC | <input type="checkbox"/> Meridian #2-AL | <input type="checkbox"/> Weiser #1-MC | <input type="checkbox"/> Weiser #2-AL |

Date: _____ Anticipated Move-In Date: _____

Resident name: _____ Telephone: _____

Resident's current address: _____

Marital Status: _____ Date of Birth: _____

Responsible Party: _____ Relationship: _____

Address: _____ Telephone: _____

Email Address: _____

How did you hear about us? _____

Medical and Functional Information:

Does the current health condition appear to be stable? ☐ yes ☐ no If no, Please explain:

Free from tuberculosis? ☐ yes ☐ no Free from communicable disease? ☐ yes ☐ no

Receiving services from a licensed health care professional? ☐ yes ☐ no

From the list below, check any characteristics which describe potential resident:

- | | | |
|---|--|---|
| <input type="checkbox"/> Ambulate independently | <input type="checkbox"/> Use hearing aid | <input type="checkbox"/> Administers own medication |
| <input type="checkbox"/> Eat independently | <input type="checkbox"/> Continent | <input type="checkbox"/> Restricted activities |
| <input type="checkbox"/> Bathe/shower independently | <input type="checkbox"/> Use adaptive devices | <input type="checkbox"/> Confused/forgetful |
| <input type="checkbox"/> Wears glasses | <input type="checkbox"/> Dresses independently | <input type="checkbox"/> Deviant behavior |

Amount of deposit: \$ _____ Paid date: _____ Check #: _____

Signatures: Resident: _____

Responsible party: _____

Administrator: _____

Reservations will be honored in the same order that the completed applications are received. If there are no available rooms left, your name will be entered on a waiting list in the order of date received, and you will have the option to occupy the next available room. If you want your name removed from the list, notify us in writing and your deposit will be refunded to you.

All admissions are contingent upon the resident meeting the state mandated guidelines regarding level of care required for assisted living residents. An initial needs assessment is completed at time of admission by The Cottages staff. If you have further questions, do not hesitate to call.

Please send this form with check to: Cottages Senior Living, LLC 1079 S. Ancona Ave., Suite 110 Eagle, ID 83616