



861 Critter Court
Onalaska, WI 54650
Phone: 608.783.2292
Fax: 608.783.1182

APARTMENT APPLICATION

I/we request the reservation of an apartment within the following area of SpringBrook Community of Onalaska:

- Independent Living
- Standard Assisted Living
- High Acuity Assisted Living
- Memory Care or Enhanced Staffing

1. APPLICANT INFORMATION

Applicant _____ M/F DOB ___/___/___

Co-Applicant _____ M/F DOB ___/___/___

Address _____ Cell Phone _____

City/State/Zip Code _____ Home Phone _____

Indicate Temporary Address if applicable (nursing home, hospital etc.) _____

Health Care Power of Attorney (HCPOA) form completed Y / N (Attach copy to application)

Is HCPOA Activated? Y / N / Unknown

Durable/Financial Power of Attorney form completed Y / N (Attach copy to application)

Applicant Social Security # _____ Medicare# _____

Co-Applicant Social Security# _____ Medicare# _____

2. REFERRAL SOURCE:

- Google or other internet browser search
- SpringBrook Website
- SpringBrook Facebook Page

- Print ad in the following newspaper _____
- Hospital or Nursing home (Name) _____
- Current or former tenant (Name) _____
- Current or former employee (Name) _____
- Family / Friend (Name) _____
- Other _____

3. SOCIAL HISTORY:

Applicant Occupation prior to retirement: _____

Co-Applicant Occupation prior to retirement: _____

Current Marital Status:

- Married
- Widowed
- Divorced
- Single

If married, number of years and anniversary date: _____

Religion _____

Military Status _____

Education _____

Children _____

Applicant Interests, Hobbies, Awards, Accomplishments: _____

Co-Applicant Interest, Hobbies, Awards, Accomplishments: _____

4. MEDICAL INFORMATION:

Please list the names of health care professionals who will be serving you, and co-applicant, if applicable:

Primary Physician _____

Address _____

City/State/Zip Code _____ Phone (____) _____ - _____

Dentist _____

Address _____

City/State/Zip Code _____ Phone (____) _____ - _____

Optometrist _____

Address _____

City/State/Zip Code _____ Phone (____) _____ - _____

5. EMERGENCY CONTACTS:

Primary

Name _____ Relationship _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Secondary

Name _____ Relationship _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

I certify that the information contained within this application is a true and complete statement of fact. By completing this application I/we acknowledge and understand the following:

- This is an application, not a guarantee of admission.
- Financial eligibility is also required. This information must be submitted on a separate form and requires provision of verification documents.
- An admission evaluation must first be completed by a qualified SpringBrook representative for the purpose of determining appropriateness to occupy the apartment of choice. SpringBrook will attempt to honor a request for a specific apartment, however apartment assignments may change based on applicant need, results of evaluation, physician orders, availability, and other factors. If it is determined that the apartment of choice is not appropriate, SpringBrook staff will recommend a different living situation that is safer and more appropriate.
- SpringBrook is not able to hold an apartment reservation for longer than two months; should evaluation or move in take longer than this, SpringBrook may need to cancel or change my reservation.
- At the admission evaluation, SpringBrook will determine the need for additional services above and beyond the base apartment rate. These costs will be added to the monthly bill.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Healthcare POA Signature _____ Date _____

Financial POA Signature _____ Date _____

SpringBrook Rep. Signature _____ Date _____

Office Use Only:

Move-In Specials (if applicable):