

MORROW HOME ADULT LIVING SERVICES

Parkview Apartments
315 S. Spring St.

Homestead Apartments
331 S. Water St.

MaryCrest Apartments
401 S. Water St.

BridgePath Assisted Living
503 S. Water St.



ASSISTED LIVING and APARTMENTS

Sparta, WI 54656 www.morrowhome.org 608-269-3168
Housing Office 608-366-6224 Fax 608-269-1547

A well designed senior living community

APARTMENT & ADVANCED ASSISTED LIVING APPLICATION INSTRUCTIONS

Thank you for your interest in Morrow Home Community. We have three apartment settings that are independent & assisted living:

- **Parkview Apartments**, with 22 one and two bedroom independent living with services facility, is located in the adjoining lot within a separate building.
- **Homestead Independent** with services and **Homestead Assisted Living Apartments** are located within the same building structure as the nursing facility, a total of 24 apartments.
- **MaryCrest Assisted Living Apartments**, with 24 one and two bedroom assisted living apartments is attached to the south end of the nursing home.

Morrow Home also offers an advanced assisted living in a residential household setting, attached further south on Water Street:

- **BridgePath Advanced Assisted Living**, with 14 living accommodations on 2 floors in a homelike environment for persons with dementia or advanced aging-related medical needs.

Please take time to review the contents of this information packet, which highlights the services provided for all senior living settings. NOTE: Morrow Home residents have first priority status to the nursing facility or transfer to another apartment.

We ask that all individuals 60 years of age and older who are interested in any senior living setting in the Morrow Home Community first complete an application and return it to the attention of the Housing Coordinator. Individuals desiring an apartment or household accommodations will have their name added to a waiting list when the application has been completed, returned, reviewed, and accepted, with senior living preference specified. Financial status of potential applicant should cover the fees for the housing specified.

Two waiting lists are maintained:

1. The Active Waiting List is for those who wish to lease a living setting as one becomes available. The potential resident can refuse the living setting at that time, and will maintain their position on the list. In order to be on the Active Waiting List, a security deposit of \$1,000 needs to be submitted with the completed application. (Security Deposit for Western Wisconsin Cares clients is \$500. Security Deposit is waived only for BridgePath.)
2. The Inactive Waiting List is for those who have a completed application on file and plan to lease a senior living setting in the future. These applicants are not called when a living setting is available and are responsible for notifying the Housing Coordinator and sending in their security deposit for their name to be added to the Active Waiting List.

Although we do need the completed application submitted to be considered for a Waiting List, there is no obligation to accept a living setting.

Thank you for considering Morrow Home for our senior living needs. If you have questions or need more information, please call a Housing Coordinator at (608) 366-6224 or 366-6293.

**Please call ahead to make an appointment for a tour.
We look forward to hearing from you!**

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APARTMENT APPLICATION

Morrow Home Assisted Living and Apartments requires an application to be on file prior to any potential applicant age 60 and older being considered for any housing in any setting and is subject to approval. The accepted application shall remain on file for a period of 1 (one) year from date of submission. If the written application remains on file over one year due to continued contact, the potential applicant is required to update the financial information in order to keep the application in acceptance status.

PARKVIEW Independent: _____ 1 Bedroom _____ 2 Bedroom

HOMESTEAD Independent: _____ Homestead Assisted Living: _____

MaryCrest Assisted Living: _____ 1 Bedroom _____ 2 Bedroom

BridgePath Assisted Living: _____

See Individual Rate Sheets for information and rates of each setting.

An assessment is required for all Assisted Living Residents prior to admission.

This application will be part of the Resident Service Agreement and **must** be completed in its entirety. Morrow Memorial Home & its extensions affords equal treatment and access to its facilities and services for all persons without unlawful discrimination due to race, color, religion, sex, age, national origin, ancestry, or disability. **All information will be held in confidence.**

Full Name: _____ Date: _____

For Office Records: Date Received _____ Received by _____

Current Address: _____

City _____ County _____ State _____ Zip Code _____

Telephone#: _____ Past/Present Occupation: _____

Date of Birth: Month ___ Day ___ Year ___ Birthplace _____

Marital Status: Never Married ___ Married ___ Widowed ___ Separated ___ Divorced ___

Spouse's Full Name: _____

Date of Birth: Month ___ Day ___ Year ___ Birthplace _____

Religion: _____

Church Affiliation: _____ Pastor: _____

CHILDREN/CLOSE RELATIVES OR FRIENDS

Name/Relationship	Address	Telephone Number(s)
1. _____	_____	(____) _____ (home) _____ (cell)
Email address: _____		
2. _____	_____	(____) _____ (home) _____ (cell)
Email address: _____		
3. _____	_____	(____) _____ (home) _____ (cell)
Email address: _____		
4. _____	_____	(____) _____ (home) _____ (cell)
Email address: _____		

Do you have a legal guardian? _____ Yes _____ No

A Power of Attorney for health care/medical decisions

Do you have a durable power of attorney for health care/medical decisions?
_____ Yes* _____ No **Please attach a copy of the legal POAH document.*
Has it been activated by 2 physicians?
_____ Yes _____ No

A Power of Attorney for financial decisions is responsible for making financial decisions based on the applicant's financial status. There is no personal liability to the POAF as far as the billing is concerned.

Do you have a durable power of attorney for financial decisions?
_____ Yes* _____ No **Please attach a copy of the legal POAF document.*

Responsible Party\Financial: _____ Responsible Party\Medical: _____
(can be activated) (NOT activated yet)
Name: _____ Name: _____
Address: _____ Address: _____
City: _____ City: _____
State: _____ Zip Code _____ State: _____ Zip Code: _____
Relationship: _____ Relationship: _____

Morrow Home Community is a smoke-free campus. Smoking is allowed only on **public** sidewalks or in a car parked in our parking lot.
Do you currently use tobacco/smoke? _____ Yes _____ No

INSURANCE INFORMATION

Social Security #: _____ Medicaid#: _____

Medicare A #: _____ Other Insurance: _____

Medicare B #: _____ Name & Policy #: _____

Spouse Name _____ Social Security # _____

MILITARY INVOLVEMENT

Veteran? _____ Yes _____ No

Spouse of Veteran? _____ Yes _____ No

Branch of Military Served In _____

Veteran of a Foreign War where you served active duty during actual war time? _____ Yes*
_____ No

Please specify _____

GENERAL PREFERENCES

Attending Physician: _____ Ophthalmologist: _____

Phone: _____ Hospital: _____

Alternate Physician: _____ Podiatrist: _____

Phone: _____ Pharmacist: _____

Dentist: _____ Funeral Home: _____

Any physical, medical, or personal concerns/needs of which we should be aware:

The Morrow Home Community strives to inform the public in the best ways possible of its resources. Please take a moment to check any of the following:

I heard about the Morrow Home by: ___ friend ___ relative ___ own research
___ website ___ Morrow Home Messenger ___ poster ___ other

Why did you choose Morrow Home for your senior living needs?

FINANCIAL DATA (The information supplied is kept strictly confidential.)

Are you a member of the Western Wisconsin Cares program? ____ Yes* ____ No
 *Name of Social Worker: _____

ASSETS:	AMOUNT	TOTALS
Bank and Savings & Loan Deposits		
Checking	\$ _____	
Savings Accounts & CD's	\$ _____	
Stocks & Bonds (Approximate current value)	\$ _____	
Mutual Funds, Stocks, Bonds, Money Market	\$ _____	
Real Estate	\$ _____	
Description		
____ Home ____ Farmland ____ Rental Property		
Funds Held In Trust	\$ _____	
TOTAL ASSETS:		\$ _____

LIABILITIES:		
Home Mortgage (Remaining Balance)	\$ _____	
Loan Payments (Remaining Balance)	\$ _____	
Other Liabilities-please describe on next line	\$ _____	
TOTAL LIABILITIES:		\$ _____

NET ASSETS – BALANCE	\$ _____
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MONTHLY INCOME:	
Social Security	\$ _____
Private/Government Pension	\$ _____
Investment Income	\$ _____
Trust Income	\$ _____
Other Income	\$ _____

TOTAL MONTHLY INCOME	\$ _____
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I _____ (name) make this application for residency in the Morrow Memorial Home's Assisted Living and Apartments of my own free will and accord. I declare the answers to the foregoing questions to be true, full and complete to the best of my knowledge. **I acknowledge that I have sufficient monthly income and/or assets to cover the fees for the housing setting that I checked on page 1.** Any material misstatement in the information or subsequent transfer of assets empowers Morrow Memorial Home to void the application approval and/or resident agreement. I understand the Morrow Memorial Home may verify statements given in this application.

Date: _____ Signature: _____

Spouse Signature: _____

Reviewed by: _____ Date: _____