

Dear Interested Friend;

Thank you for your interest in apartment located in Cashton and LaFarge, Wisconsin..

Bethel Home & Services is pleased to be able to partner with communities to provide this quality housing alternative. Our group home offers clients the security of supervised living, while providing an opportunity for an individualized lifestyle. Our apartments offer comfort, lots of room and of course, most important, security .

Attached is an "APPLICATION FOR OCCUPANCY" form. Please complete it, and return to:

Bethel Home & Services
Community Services Administrator
614 South Rock Av.,
Viroqua, WI 54665

The completed application form and remittance of the "processing fee" (LaFarge project only) places an applicant on the waiting list for immediate or eventual admission to our residential programs. A fully completed application facilitates the admission process while providing important information needed for processing. **All information is confidential.**

Community Services appreciates regular updates from the applicant and/or family , so that all information is kept accurate.

If you have questions please call us. We appreciate your interest, and hope to hear from you soon.

APPLICATION PROCESS FOR ADMISSION TO BETHEL PARKSIDE AND BETHEL VILLAGE APARTMENTS:

***OBJECTIVE:**

By having a consistent, predictable process, our goal is to offer each applicant, an equal chance for admission. Bethel Home & Services will handle all inquiries for admission. Admission guidelines are based on equal access according to the specifics of this procedure and the Bethel Home & Services non-discrimination policy.

***PROCEDURE:**

1) Referrals for occupancy should be directed to the Bethel Home & Services "Community Service Administrator". This individual, or her designee, will be able to be reached through the Bethel Home & Services phone number (#608-637-2171).

2) Information will be gathered from the caller as to the general readiness of the potential tenant. Should an individual's needs be such that the apartment environment would not be appropriate, necessary information will be provided to allow for the individual to find the appropriate level of care.

3) If the individual appears to be appropriate for independent apartment living, a personal visit will be arranged for further assessment. Written material will be sent out prior to the visit so that the potential tenant / family can take the time necessary to complete. The written material will include a the basic application form and lease agreement. The application form will include such essential information as: personal data, health history, financial information, and current living arrangements.

****Please return completed application to:**

**Bethel Home & Services
Attn: Community Services Administrator
614 South Rock Ave.
Viroqua, WI 54665**

**APARTMENT
APPLICATION FOR OCCUPANCY**

FOR OFFICE USE:
DATE APPLICATION REC'D _____
B VILLAGE OR B PARKSIDE (CIRCLE ONE)

PERSONAL DATA

Name _____ Female/Male

Current address _____ Birthdate _____

City _____ State _____ Zip _____

Telephone() _____ Social Security number _____

Health insurance _____ Policy # _____

Medicare number _____ Wis. Medical Assistance # _____

Marital status _____ Name of spouse _____

Previous occupation _____

Additional information you would like to share _____

Guardian if one exists _____

Children / Other close relatives or friends (Please indicate Power of Attorney or Guardian if one exists) :

Name / Relationship	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who should be notified when admission becomes possible? _____

GENERAL HEALTH HISTORY

Physician _____ Phone _____

What are your primary health concerns? _____

Do you wear: Eye glasses? _____ Hearing aide? _____ Dentures? _____

Do you use a: Walker? _____ Cane? _____ Wheelchair? _____

Other assistive devices? _____

Do you have any allergies? _____ If so, to what? _____

Do you sleep well at night? _____ Usual bedtime _____ Hours of sleep _____

Do you have any problems with toileting? _____

Please indicate any habits, such as smoking, chewing tobacco, etc. _____

List your daily medications _____

Are you able to handle your medications independently? ____ If no, what kind of help do you need? _____

Do you notice any of the following?:
Forgetfulness _____ Confusion _____ Wandering _____

Additional health information that you would like to share: _____

Do you have advance directives? ____ Health Care Power of Attorney? ____ Living will? ____

CURRENT LIVING SITUATION

Do you currently:
Own your own home? ____ Rent a home? ____ Rent an apartment? ____
Live with family member or friend? ____

What are your biggest concerns about your present living situation? _____

Rental References::

1) Name of previous landlord _____
Address: _____
Phone number _____
Dates that you lived in this person(s)
property _____

2) Name of previous landlord _____
Address: _____
Phone number _____
Dates that you lived in this person(s)
property _____

3) Name of previous landlord _____
Address: _____
Phone number _____
Dates that you lived in this person(s)
property _____

FINANCIAL INFORMATION

Monthly income: \$ _____

Miscellaneous:

*Are you currently applying for Supplemental Security Income (SSI)?

___ Yes ___ No

*Are you applying for any other benefits through Human Services?

___ Yes ___ No

*Do you have a "Representative Payee" for your Social Security checks?

___ Yes ___ No

If yes, Name _____

Address _____

*This information provided by _____ Date _____

**THANK YOU FOR THIS IMPORTANT INFORMATION.
ALL INFORMATION IS CONSIDERED CONFIDENTIAL.**