



LEISURE GARDENS & LEISURE VILLAGE



Retirement Center with Personal Care – Available 24/7
4 & 6 Dewberry Dr • Presque Isle, ME 04769 • Tel (207)764-7322
Douglas Cyr – Manager – dcyr@leisuregardens.me

APPLICATION FOR RESIDENCY

General Information:

Name _____ Date of Birth _____
 Address _____ Phone Number(s) _____
 _____ Gender Male Female
 Primary Language _____ Secondary Language _____
 Current Occupation _____ Former Occupation _____

Size of Apartment Desired: Studio/Efficiency 1 Bedroom 2 Bedroom

Do You Smoke? Yes No

Do You Have Pets? Yes No If so, type of animal _____

Medical Conditions: _____

History of mental illness? Yes No Explain _____

History of physical or verbal violence? Yes No Explain _____

Criminal history? Yes No Explain _____

Current Living Situation:

Monthly Income _____ From What Source? _____

Bank Accounts Total \$0 - \$10,000 \$10,001 - \$50,000 \$50,001+

***Income is used to ensure affordability of the apartment & services you are seeking

Current Residency Own Rent For How Many Years? _____

Do You Own A Vehicle? Yes No Do You Currently Drive? Yes No

Past Residencies:

Address _____

Dates Resided _____
Phone(s) _____

Address _____

Dates Resided _____
Phone(s) _____

Personal References:

Name _____ Relationship _____ Phone(s) _____

Name _____ Relationship _____ Phone(s) _____

Assistance Needed:

What daily activities do you need help with?

- Walking Wheelchair Assistance Dressing Grooming Housekeeping
- Toileting Getting Up/Sitting Down Bathing Meal Preparation
- Eating Medications Fall Risk Confusion Need For Redirection

Do you require special equipment or devices? Yes No

If so, explain _____

Do you require a special diet? Yes No

If so, explain _____

Do you have current assistance services provided by someone or an Agency? Yes No

If so, by whom _____

Why would you like to live at our facility? _____

Person to contact if there are questions with this application:

Name _____ Relationship _____

Address _____ Phone Number(s) _____

I understand and agree that this Application For Residency does not warrant the below signer acceptance into our facility, nor does it entitle the reservation of an apartment. All information provided above is intended for evaluation of fit within our facility and is kept strictly confidential.

Signature of Applicant _____ Date of Application _____