



Heritage High Assisted Living Center, LLC
211 N.W. first Street
Madison, SD 57042
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heritage@iw.net

APPLICATION FOR RESIDENCY

NAME	_____		
ADDRESS	_____	TELEPHONE	()
CITY	_____	STATE	_____ ZIP _____
NEAREST RELATIVE	_____		RELATIONSHIP _____
ADDRESS	_____	TELEPHONE	()
	STREET	CITY	STATE ZIP
PHYSICIAN	_____ TELEPHONE ()		
ADDRESS	_____	_____	_____ ZIP _____
	STREET	CITY	STATE ZIP

HOUSING TYPE	SERVICES INCLUDED
<input type="checkbox"/> Single Occupancy Assisted Suite	<input checked="" type="checkbox"/> Three Meals per Day
<input type="checkbox"/> Double Occupancy (one assisted) Suite	<input checked="" type="checkbox"/> Weekly Housecleaning
<input type="checkbox"/> Double Occupancy (both assisted) Suite	<input checked="" type="checkbox"/> Laundry of Linens & Towels
<input type="checkbox"/> Single Efficiency Assisted Suite	<input checked="" type="checkbox"/> Facility Transportation (two rides a week)
	<input checked="" type="checkbox"/> Weekly Well-being checks
	<input checked="" type="checkbox"/> Medication Administration

Applicant Signature _____	Date: _____
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Financial Guarantor Signature _____	Date: _____
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