



201-670-9605

**COTTAGE PLACE SENIOR RESIDENCE, 104 Cottage Pl. and  
PROSPECT PLACE SENIOR RESIDENCE, 130 Prospect St.  
Ridgewood, NJ 07450**

**APPLICATION FOR RESIDENCY**

NAME \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
Place of birth \_\_\_\_\_

**HOUSING:** Current living arrangements (alone/with others?) \_\_\_\_\_

**Residence History:**

\_\_\_\_\_

Approximate date you will want housing \_\_\_\_\_

Frequently our vacancies are unexpected. Can you be ready to move on a month's notice or less?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL QUESTIONS:** We do not discriminate or withhold residency from anyone with a history of any medical, psychiatric, or substance abuse problem. A doctor's report will be requested.

Please provide the following information:

Primary physician's name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**We do require full disclosure of past medical history – Please tell us about your medical history:**

Please list any health issues (allergies, medical, psychiatric, substance abuse)

\_\_\_\_\_  
\_\_\_\_\_

Please list all medications. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please be aware that a resident who becomes **unable** or **unwilling** to self-medicate will no longer be considered eligible for residency. What kinds of hospitalizations have you had during your lifetime:

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Have you been admitted to a hospital within the last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, for what reason and what hospital \_\_\_\_\_

Have you ever been admitted to a rehabilitation facility? Yes \_\_\_ No \_\_\_  
If yes, for what reason and what facility? \_\_\_\_\_

Are you currently or have you ever been under the care of a psychologist/psychiatrist/  
therapist? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a history of alcohol or drug/substance abuse? \_\_\_\_\_  
Please describe: \_\_\_\_\_

Are you currently a smoker? \_\_\_\_\_  
Smoking is not allowed in either residence nor anywhere on the premises.

**FAMILY INFORMATION:** We require each resident to have a "Contact Person" in  
the vicinity of Ridgewood on whom we may call in case of emergency. Name of person  
who would act in that capacity for you:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

PLEASE LIST CLOSE RELATIVES (other than the one listed above)  
Name Place of residence Relationship to you

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPORTS:** Has anyone been appointed Power of Attorney or guardian?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
To what extent? Legal/financial \_\_\_ Medical \_\_\_ Both \_\_\_ Other \_\_\_\_\_  
Has an Advanced Directive and/or Living Will been prepared? Yes \_\_\_\_\_ No \_\_\_\_\_

Person financially responsible to SHARE, INC., if other than yourself.

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Address \_\_\_\_\_ Cell phone \_\_\_\_\_  
Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

**PERSONAL**

Why have you chosen to seek residency at a shared house? \_\_\_\_\_

How did you hear about our houses? \_\_\_\_\_

Do you have any special hobbies, interests or vocation? Please describe: \_\_\_\_\_

Our residents have meals together and occasionally participate in some group activities. Much time is spent alone, however, doing what each person enjoys. At present, how do you usually spend your day? \_\_\_\_\_

Tell us about yourself. \_\_\_\_\_

Are you bringing a car? Yes \_\_\_\_\_ No \_\_\_\_\_

Parking is subject to availability and subject to the discretion of the Board of Directors.

**SHARE RESPONSIBILITIES**

Weekly housekeeping is professionally done. However, our residents do have a **SHARING SCHEDULE** at meal time: In teams of two, one day a week, they set/clear the dining tables, load the dishwasher, and wipe off the tables. How do you feel about such participation? \_\_\_\_\_

Two people share a bathroom at all times, during your residency with us you may be required to share a bathroom with a person of the opposite sex, how do you feel about this? \_\_\_\_\_

Meetings with residents are held once a month to exchange ideas and suggestions. How do you feel about such participation? \_\_\_\_\_

Is there anything we have not covered that you would like us to know about you or your housing requirements? \_\_\_\_\_

Thank you for your interest in **SHARE, INC.** If you have not already visited us, please call our Program Director at 201-670-9605 soon to arrange a visit and discuss SHARE Senior Residences waiting list status.