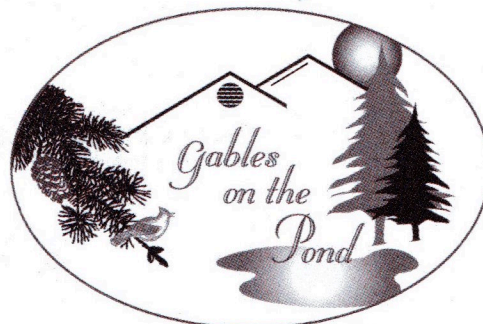


Resident Application



*Quality Community Based Living
for Older Adults*

This form is all you need to apply for a single primary care room or private suite. Please complete this form and mail it with your *fully refundable* \$1,000 deposit to: Gables on the Pond, 305 South Spring Street, Random Lake, WI 53075.

If you have any questions about the facility or this application, please contact our Administrator at the above address or call 920-994-8304.

■ **Applicant** (the Person who is seeking residence at Gables on the Pond or Gables of Waldo)

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Date of Birth ____/____/____ Soc. Sec. # ____ - ____ - ____

Your Signature _____ Today's Date _____

Please describe your special needs or any special care services you may desire:

■ **Person completing this form on behalf of Applicant** (if someone other than the Applicant)

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Your Relationship to the Applicant _____

Your Signature _____ Today's Date _____

Referred by: _____

Setting a New Standard in Quality Care and Beyond!