



Lively Living Group Home
Senior Living at its Best

APPLICATION FOR RESIDENCE

APPLICANT'S NAME: _____

DATE RESIDENCE NEEDED: _____ ROOM TYPE: _____

RATE: _____ MOVE-IN DATE: _____

Thank you for your interest in Lively Living Group Home.

To aid in assessment of applicant, the applicant's personal physician must complete a Lively Living Physician's Statement. You will be notified of qualification within four (4) working days after our receipt of the Physicians' Statement. A \$100.00 security deposit and first month rent, or a prorated amount which ever is in order must be provided before applicant can move into facility. The deposit is fully refundable if the applicant leaves room and facility in good condition.

You will be notified when a room is available. To secure that room, you will have five (5) days from the date of notification to move-in or begin paying rent. If applicant is unable to move-in at the time of notification, applicant's name will be moved to the end of the waiting list.

If resident smokes or uses an electrical cart or electrical wheelchair, additional non-refundable deposits will be required, plus a security deposit at time of move-in.

APPLICATION SUBMITTED BY: _____
(PLEASE PRINT)

SIGNATURE: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____
(DAYS) (EVENINGS)

APPLICATION ACCEPTED BY: _____

Lively Living Group Home of Chattanooga 4289 Pattontown Rd Ooltewah, TN 37363
FAX: 423-894-0741 | PHONE: 423-899-1775 | E-Mail: info@livelylivinggrouphome.com

**PHYSICIAN'S STATEMENT
HEALTH INFORMATION**

Resident Name _____ **Date of Birth** _____

Address _____ **Social Security No.** _____

Height _____ **Weight** _____ **Male / Female** _____ **Race** _____

Current Prescriptions: _____

Dosage: _____

Indicate Medical Problems:

	Yes	No
Heart Attack		
Stroke		
Nervous or Mental Disorders		
High Blood Pressure		
Kidney Disorder		
Lung Disorder		
Back		
Diabetes		
Cancer		
AIDS		
Stomach Disorder		
Smoker		
Other		

Please answer Yes or No to each question

1. He/she require medications that are usually, typically or customarily not self-administered?

2. He/she require professional medical or nursing observation and/or care on a continual or daily basis?

3. He/she poses a clearly documented danger to themselves or to others?

4. He/she in the early stages of Alzheimer's Disease and Related Disorders?

5. He/she capable of evacuating a home within thirteen (13) minutes?
