



Grand Meadows

5300 Grand Meadow Drive, Asbury, Iowa 52002

Main: (563)690-7150

Fax: (563) 690-9348

Assisted Living Tenant Application

- 1) Name: _____
- 2) Address _____ City _____ State ___ Zip _____
- 3) Telephone # _____ Cell phone # _____
- 4) Social Security # _____ Medicare # _____
Supplemental Insurance _____
- 5) How long at this address? _____
Present living arrangements if other than at home: _____

PERSONAL HISTORY

- 6) Birth date _____ Birthplace _____
- 7) Marital Status _____ Spouse's Name _____
- 8) Primary Language _____
- 9) Education _____
- 10) Occupations _____
- 11) Mother's Name _____ Father's Name _____
Birth Place _____ Birth Place _____
- 12) Religion _____ Church _____
Address _____
Clergy _____ Phone _____
- 13) Did you or your spouse serve in a branch of the military? _____
Branch _____ Dates of Service _____
War _____ Discharge Status _____

MEDICAL

- 14) Physician _____ Phone _____
Dentist _____ Phone _____
Optometrist _____ Phone _____
Podiatrist _____ Phone _____
- 15) Please choose a pharmacy if you are requesting that Luther Manor manage medications:
Mercy _____ Hartig _____ Other: _____
- 16) Hospital _____
Emergency Transport Agency: Paramount _____ Dubuque County EMS _____

DOCUMENTATION

17) Have you established the following:

- a. A Living Will? Yes _____ No _____
- b. A Durable Power of Attorney for Health Care? (for Medical Decisions)
Yes _____ No _____ Name _____
- c. A Power of Attorney? (for financial decisions)
Yes _____ No _____ Name _____
- d. To make it easier for the family in crisis, we need to know:
Funeral Home _____
Address _____ Phone _____

HEALTH INFORMATION

If you are choosing to obtain and administer your medications independently, you do not have to complete the following section. Luther Manor will keep this on file should you choose to complete this section. Please also note a medication and diagnosis list may be obtained from your physician directly if you are unsure of this information. Please let the Luther Manor team know if you would like assistance with this process.

18)	Medication	Dosage	Frequency	Reason for the Medication (i.e. High blood pressure)
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

19) All Diagnosis:

FINANCIAL INFORMATION

20) Long Term Care Insurance Company? Yes _____ No _____
If yes, name: _____ Policy # _____
21) Responsible Party for billing _____ Relationship _____

CONTACT PERSONS

22) *Please provide the following information on family members. Include siblings, sons and daughters, and other involved family members: If additional space is required, put them on a separate sheet.*

Name _____ Spouse _____
Phone (home) _____ (work) _____ Cell Phone _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Email Address _____

Name _____ Spouse _____
Phone (home) _____ (work) _____ Cell Phone _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Email Address _____

Name _____ Spouse _____
Phone (home) _____ (work) _____ Cell Phone _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Email Address _____

Luther Manor is a Smoke Free campus which applies to all staff, residents and visitors

If you have any further questions or concerns about this application, the above mentioned items, or any other Luther Manor Policies or Procedures, please call the number at the top of the application and speak with Luther Manor staff at any time.

This information has been prepared by: _____ Date _____

Grand Meadows provides tenants with an all-inclusive package for assisted living care. Services are provided in a household style environment where care plans may include items such as: personal assistance for bathing, dressing and grooming tasks, assistance with medication set-up and management, housekeeping and laundry services, meal preparation, activities, wellness and exercise programs.

Monthly rates include full access to Wi-Fi service throughout the community, telephone and cable TV services as well.

Rates are determined based on a comprehensive assessment and development of a personal service plan with the full participation of the tenant and family.

Additional amenities available to tenants include, but are not limited to:

- Life enrichment activities
- Physical and Occupational Therapy
- Speech Pathology Services
- HydroWorx 3500 Aquatic Therapy Pool
- Fitness Classes
- Restaurant Dining Services
- Bistro Bar offering grab and go items
- Gift Shop
- Beauty Salon
- Church Services
- Transportation