



# Three Pillars

SENIOR LIVING COMMUNITIES

Masonic Center for Health & Rehab | Riverside Lodge  
 Village on the Square | MasonWoods | Compass Point

**Please print and fill out the application:**

**Mail to:** Dawn Jones, Client Relations Assistant  
 Three Pillars Senior Living Communities  
 375 State Road 67  
 Dousman, WI 53118

**Fax:** (262) 262.965.5125 **e-mail:** djones@threepillars.org

## APPLICATION FOR RESIDENCY

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Village on the Square</b><br>(Independent Living) | <input type="checkbox"/> <b>Compass Point</b><br>(Assisted - Catered Living) | <input type="checkbox"/> <b>Masonic Center for Health &amp; Rehab</b><br>(Skilled Nursing) |
| <input type="checkbox"/> <b>MasonWoods</b><br>(Independent Living)            | <input type="checkbox"/> <b>Riverside Lodge</b><br>(CBRF - Supportive Care)  |  |

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Currently reside at: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

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Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Medicare Number: \_\_\_\_\_

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Supplemental Insurance: \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Divorced

List Masonic Affiliations: \_\_\_\_\_ Religion/Church Affiliation: \_\_\_\_\_  
 \_\_\_\_\_

Clergy to Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Funeral Home Preference: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have a Health Care Power of Attorney (HCPOA)? \_\_\_\_\_

Do you have a Durable Power of Attorney (DPOA)? \_\_\_\_\_

Do you have a Living Will/Declaration to Physician? \_\_\_\_\_

## HEALTH INFORMATION

Name of Current Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## EMERGENCY CONTACTS

Please designate Health Care Power of Attorney (HCPOA) and Durable Power of Attorney (DPOA)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Please designate:  HCPOA  DPOA

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Please designate:  HCPOA  DPOA

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Please designate:  HCPOA  DPOA

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

## FAMILY HISTORY

Do you have children?  Yes  No If yes, how many? \_\_\_\_\_ Sons \_\_\_\_\_ Daughters

Please list name(s) and addresses of children still living if not listed previously:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Frequency of contact with your children: \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly

# PERSONAL HISTORY

Primary Occupation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently work? \_\_\_\_\_

Why do you want to live at Three Pillars? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Three Pillars?  Live-in Community  Friend  Word of Mouth  
 Resident of Three Pillars  Internet  Newspaper  
 Other: \_\_\_\_\_

# RECREATIONAL INTERESTS

What are your hobbies, special talents or interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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Village on the Square | MasonWoods | Compass Point

## FINANCIAL APPLICATION FOR RESIDENCY

**Village on the Square**

(Independent Living)

**Compass Point**

(Assisted - Catered Living)

**Masonic Center for Health & Rehab**

(Skilled Nursing)

**MasonWoods**

(Independent Living)

**Riverside Lodge**

(CBRF - Supportive Care)

Name of Applicant(s): \_\_\_\_\_ Date of Application: \_\_\_\_\_

*Note: Combined column to be used only for income not specific to applicant or spouse.*

MONTHLY INCOME (\$)	APPLICANT	SPOUSE	COMBINED
Social Security Benefit			
Annuity w/ Survivor Benefits			
Annuity w/out Survivor Benefits			
Investment Income			
Other Income (describe)			
Other Income (describe)			
<b>Total Income (\$)</b>			

MONTHLY EXPENSES (\$)	APPLICANT	SPOUSE	COMBINED
Rent/Mortgage			
Automobile (indicate if you do not own an auto)			
Supplemental Insurance			
Medications			
Other (describe)			
Other (describe)			
<b>Total Expenses (\$)</b>			

ASSETS (\$)	APPLICANT	SPOUSE	COMBINED
Cash/Checking			
Savings & Certificates of Deposit			
Stocks & Bonds			
Mutual Funds, IRA's, Annuities			
Trusts			
Residence (net market)			
Real Estate (other)			
Cash Surrender Value of Life Insurance Policies			
Other Assets (describe)			
Other Assets (describe)			
<b>Total Assets (\$)</b>			

LIABILITIES (\$)	APPLICANT	SPOUSE	COMBINED
Mortgage			
Personal Loans			
Other Obligations (describe)			
Other (describe)			
<b>Total Liabilities (\$)</b>			

Face Value of Life Insurance \$ \_\_\_\_\_

Have you divested any assets?  Yes  No If so, how much \$ \_\_\_\_\_ and when \_\_\_\_\_  
date

The information given in this application is accurate to the best of my knowledge and ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_