



1294 Priddy Road
King, NC 27021
Phone: 336-983-3068
Fax: 336-983-0681
www.PriddyManor.com

Priddy Manor Assisted Living Resident Application

Date: _____

Full Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ SS Number: _____

Male Female Date of Birth: _____ Move-In Date: _____

Room Type: Private Large Private Semi-private Specialty Care
 Furnished Unfurnished

Physical Limitations: _____

Special Requirements: _____

Health Insurance: _____

Identification Number: _____ Phone: _____

Physician: _____ Phone: _____

Address: _____

City: _____ State: ____ Zip: _____

Power of Attorney (If Applicable): _____

Relationship: _____ Phone: _____

Address: _____

City: _____ State: ____ Zip: _____

Signature(s) of Applicant/POA _____



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Priddy Manor Assisted Living Confidential Financial Statement

Applicant's Name: _____

Assets
 Value of Real Estate: \$ _____
 Stocks: \$ _____
 Bonds: \$ _____
 Savings: \$ _____
 Checking: \$ _____
 CDs: \$ _____
 Other (Please Describe): _____
 \$ _____

Total Assets \$ _____

Liabilities
 Mortgage on Home: \$ _____
 Mortgage(s) on Real Estate: \$ _____
 Other Debts or Liabilities
 (Itemized): \$ _____
 \$ _____
 \$ _____

Total Liabilities \$ _____

Monthly Income
 Social Security: \$ _____
 Pension: \$ _____
 Retirement Annuity: \$ _____
 Investments (Interest and
 Dividends): \$ _____
 Other: \$ _____
 \$ _____

I hereby acknowledge that the above information is accurate to the best of my knowledge. I understand that the assisted living community will rely upon this information to evaluate the resident's ability to pay for services rendered. The monthly income and assets listed are available to the resident or responsible party/guarantor to pay for the resident's care.

 Resident Date

 Responsible Party/Guarantor Date



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Rates and Amenities

Private Room

Semi-private Room (2) Two Occupants

Specialty Unit Room

(Please call 336-983-3068 for current rates)

An Additional \$5.00/day for incontinent supplies

- No Application Fee
- No Additional Cost for Levels of Care
- No Long Term Leases Required, Month to Month Available

Standard Amenities

Included in Monthly Fee

- Meals and Snacks
- Scheduled Transportation
- Laundry Services
- Housekeeping Services
- Maintenance Services
- Choice of Furnished or Unfurnished room
- Telephone Pre-wired (separate monthly cost)
- Utilities (telephone/cable jacks)
- Individual Air Conditioning/Heating Units
- Activities Room with Big Screen TV and DVD Player
- 24/7 Access to Staff and Personal Care
- Assistance with Medications
- Assistance with Bathing, Dressing, Grooming and Meals
- Landscaped Grounds with Walking Paths
- Rural Setting
- Outdoor Chairs and Benches
- Emergency Call Bell System
- Facility-wide Video Surveillance in public areas
- Basic Cable TV, 20 channels (subject to change)

Special Amenities

Separate Charges Apply

- Pharmacy Services
- Beauty and Barber Shop
- Respite Care (Short-term care)
- Private Dining/Party Room (available Summer 2008)
- Guest Meals

Residents are responsible for pharmacy, diagnostic and physician fees.
Residents are responsible for toiletries (soap already included).