

ClarkLindsey  
Residential Application  
**Assisted Living**



101 West Windsor Road, Urbana, IL 61802-6697  
217-344-2144 • 800-998-2581 • fax 217-344-9147  
[www.clarklindsey.com](http://www.clarklindsey.com) • [retire@clarklindsey.com](mailto:retire@clarklindsey.com)

*Thank you for your interest in residency at MeadowLark, ClarkLindsey's catered and memory care assisted living community.*

ClarkLindsey actively celebrates all people and their backgrounds through our actions and activities. As part of our ongoing journey and commitment, we strive to create a diverse and equitable environment for our residents, staff, affiliates, and visitors.

This is an application to join the wait list as a Prospective Resident at MeadowLark. Upon approval of this application and execution of a Wait List Agreement will you have rights related to MeadowLark.

There is no application fee. At such time as your application is approved and a Prospective Residency Agreement is fully executed, a fee will be due. The fee to join the MeadowLark Standard Wait List is \$1,500. This fee will be applied to your Membership Fee at such time as you select a unit. Prior to occupancy, you may terminate the Prospective Residency Agreement for any reason and receive a refund of \$1,000. If you are unable to move into a Unit because of death or due to no longer meeting the Assisted Living Residency Requirements, the total fee will be refunded.

The method of addressing names on the wait list is more specifically described in the Prospective Residency Agreement and in any applicable portion of the Policies and Procedures, a copy of which is available upon request. ClarkLindsey maintains several forms relating to residency in, and operation of, ClarkLindsey. These forms are available from the Membership department. Please note that these forms may be amended as therein described and that the amended forms will supersede the agreements outstanding, from time to time.

Please note that this application is not an agreement between or among the parties except as to the confidentiality of the information provided and the authorization for credit and background checks. ClarkLindsey shall take all reasonable steps to maintain all application information in confidence. However, such information is not covered by a legal privilege and may be subject to disclosure if ordered by a court of competent jurisdiction.

This application is subject to all applicable laws, regulations and ordinances. Any term or provision which may inadvertently violate any such law, regulation or ordinance shall be interpreted in a manner to not be in such violation.

The ClarkLindsey campus is designated as non-smoking. Smoking is not allowed.

# Application for Prospective Residency at MeadowLark

**Applicant (If applying for Joint Residency, complete a separate form on the second person):**

Name \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Gender:  Male  Female  \_\_\_\_\_  
 Non-binary/non-conforming  Prefer not to answer

Marital Status:  Single  Married  Widowed  Divorced

Social Security number: \_\_\_\_\_ Birth Date \_\_\_\_\_

Medicare #: \_\_\_\_\_ Check all that apply:  Part A  Part B

Person having Health Care Power of Attorney: \_\_\_\_\_

Person having Financial Power of Attorney: \_\_\_\_\_

Co-insurance \_\_\_\_\_

**Long-term Care Insurance: Company, if applicable:** \_\_\_\_\_

Daily Benefit	Elimination Period	Length of Benefit	Annual Premium
_____	_____	_____	_____
_____	_____	_____	_____

## Level of Care

Check one:  Catered Assisted Living  Memory Care Assisted Living

Check one:  Anticipate moving within 90 days  Not planning to move within 90 days

Preferred floor plan:  Studio  1-Bedroom  2-Bedroom

## FINANCIAL DISCLOSURE STATEMENT

MeadowLark Assisted Living and MeadowBrook Skilled Nursing are operated by ClarkLindsey Village, Inc. as a private facility, and are not certified to receive payments from the Illinois Department of Public Aid (Medicaid). This financial disclosure is required to assess the applicant's ability to meet anticipated future expenses. All information will be kept strictly confidential. Please provide the following information:

### ***Income***

Social Security (Annually)..... \$ \_\_\_\_\_

Pension/SURS (Annually) ..... \$ \_\_\_\_\_

Does pension income adjust for inflation?    Yes    No

Is pension income taxable?    Yes    No

**TOTAL ANNUAL INCOME**..... \$ \_\_\_\_\_

### ***Assets***

Cash & Investments ..... \$ \_\_\_\_\_

Real Estate ..... \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ASSETS** ..... \$ \_\_\_\_\_

### ***Liabilities***

Real Estate Mortgages(s) Payable ..... \$ \_\_\_\_\_

Other Liabilities (Description): \_\_\_\_\_ \$ \_\_\_\_\_

Other Liabilities (Description): \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL LIABILITIES**..... \$ \_\_\_\_\_

**NET ASSET BALANCE** (Assets minus liabilities)..... \$ \_\_\_\_\_

I hereby make application for residency in MeadowLark Assisted Living and declare that the answers to the questions on this application are true, full and complete. I authorize the release to ClarkLindsey of any and all information which ClarkLindsey may require to verify my current credit rating and financial status. I affirm that all of the assets listed on this application are available to me to pay the costs and charges at ClarkLindsey.

I understand that a fully signed Assisted Living Establishment Contract is required for residency.

I authorize ClarkLindsey to initiate a resident background check in accordance with ClarkLindsey policy. I agree and authorize ClarkLindsey to perform background checks as part of this application process as well as prior to my acceptance into any of the ClarkLindsey facilities. I have included all of the requested financial information to be considered for future residency. I agree that ClarkLindsey may perform a re-verification of my finances at the time I accept a unit at ClarkLindsey. I affirm that I am not, nor have I ever been, (a) a registered sex offender, or (b) convicted of any felony offense listed in Section 25 of the Health Care Worker Background Check Act. I agree that, if such background checks determine to the contrary, or if such becomes the case at any time in the future, I will not be able to reside in ClarkLindsey.

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Signature of Applicant or Person Authorized to sign for Applicant

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Date

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Print name of signatory

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If not signed by applicant, indicate authorization of signatory