APPLICATION FOR RESIDENCY

We invite you to consider living in one of our supportive residences for seniors. These properties are owned and operated by Senior Home Sharing, Inc., a not-for-profit corporation (501c3) based in DuPage County, Illinois. Please direct all questions *to* Rita Brosnan, Executive Director at rbrosnan@seniorhomesharing.org

Name_____

Address_____

_____

Date of Birth_____Phone_____

Email Address_____

Social Security Number_____

Describe your present living arrangement_____

Estimated move-in date_____

Indicate choice of residence:

House

☐ Chase Place, 1 S. 412 Chase St., Lombard

☐ Eagle Place, 214 N. Eagle St., Naperville

Emergency Contact Person_____

Home Phone_____Work Phone_____

References

Name_____Number_____

Relationship_____

Name Number: _____

Relationship_____

Upon receiving the application and the $40 application fee, our staff will call to arrange an interview.

☐ $40 application fee enclosed, non-refundable

_____ _____

Signature of Applicant Date

Please return to: Senior Home Sharing, 1910 S. Highland Avenue, Ste 135, Lombard IL 60148

A one month's deposit, one month's resident fee will be the initial payment before occupancy.

SENIOR HOME SHARING
APPLICANT STATEMENT OF INCOME/EXPENSES/ASSETS

APPLICANT NAME($)	DATE(S) OF BIRTH	SOCIAL SECURITY NO.
1) 2)		
MONTHLY INCOME: (provide 2 most recent stubs)	**HEAD**	**SPOUSE**
Social Security/Supplemental Security Income		
Pension & Retirement		
Salaries & Wages & Other		
TOTAL MONTHLY INCOME		
MONTHLY EXPENSES:		
Supplemental Health Insurance **Provider:**		
Other Insurances (car, life, etc.)		
Credit Card Debt		
Loans		
TOTAL MONTHLV EXPENSES		
ASSETS:		
Banks		
Stocks & Bonds		
Equity- Real Estate, etc		
TOTAL MONTHLY ASSETS		

I hereby certify that I have disclosed all income I currently receive and all assets I own. I understand that failure to disclose such income and/or assets may impact my ability to reside with Senior Home Sharing. I agree to report to Senior Home Sharing any material changes to the above, and understand that any such changes may result in an adjustment to my monthly fee by Senior Home Sharing at their discretion.

_____ _____
Signature Date

SENIOR HOME SHARING
PHYSICIAN'S REPORT

PATIENT NAME_____MEDICARE NO._____

DATE OF BIRTH_____SOCIAL SECURITY NO._____

TO:_____

Physician's Name

I have applied to live at *Senior Home Sharing, Inc.* residence. The major purpose of *Senior Home Sharing, Inc.* is to provide for older persons who are capable of living in an independent environment in a supportive family-style setting. A *Senior Home Sharing* residence offers companionship, security and independence to persons age 60 and over. Meals and housekeeping are provided.

The information requested is to determine if the applicant is able to meet the provisions as stated in *Senior Home Shoring's* Family Group Policies and Procedures for their residences. The information is also required to assist in handling an emergency that might arise after the applicant becomes a resident. THIS RESIDENCE IS NOT A MEDICAL FACILITY AND NO MEDICAL PERSONNEL WILL BE ON STAFF. It is necessary to verify that the applicant is able to respond to emergency situations and make appropriate decisions and judgments related to his/her medical condition.

I hereby authorize release of medical information to *Senior Home Sharing, Inc.* Please complete this form and send promptly to: **Senior Home Sharing, 1910 S. Highland Avenue, Ste 135, Lombard IL 60148**

_____ _____

Signature of Applicant *Date*

PHYSICIAN'S REPORT

PATIENT'S NAME_____

PHYSICIAN' NAME_____ PHONE NO._____

PHYSICIAN'S ADDRESS_____

HOSPITAL PREFERENCE._____

1. How long has the applicant been under your care?

2. When did you last examine the applicant?

3. Are there any present health or impairment problems?

   Medications: How administered?

   Prognosis:

4. Are there any chronic conditions?

   Medications: How administered?

5. Are there any allergies (food related or other) and are there any special medications?

6. Does the applicant suffer from a physical or mental condition that might impair his/her ability to respond to an alarm, follow instructions or evacuate his/her room in the event of an emergency?
   Yes_____ No_____Ifyes, please explain:
7. Does the applicant suffer from a physical or mental condition or display violent behavior that may pose a threat to the property or the health, safety and welfare of other individuals?
8. Yes_____ No____ If yes, please explain:
9. Is the applicant willing and able to administer his/her own medications?
   Yes_____ No____ If no, please explain:
10. Can the applicant safely ambulate distances with or without assistive devices?
    Yes_____ No____ If no, please explain:
11. To your knowledge, does the applicant illegally use any controlled substance?
    Yes_____ No____ If yes, please explain:
12. Does the applicant have any problem with incontinence, bowel or bladder?
    Yes_____ No____ If yes, please explain:
13. Have you provided the applicant with any medical care within the past 12 months?
    Yes_____ No____ If yes, please explain:
14. Have you referred the applicant to another doctor or specialist for treatment within the past 12 months? Yes_____ No____ If yes, please explain:

15. What is the most recent date of hospitalization for the applicant?
    Reason?

16. Is the applicant's thought process sufficient to manage his/her personal and business affairs?

Yes_____ No___ If no, please explain, including a statement of how his/her personal and business affairs have been managed in the past, if known:

17. Based on the applicant's current health status, do you believe that he/she is able to live safely in a residence of Senior Home Sharing?

Yes _ No___ If no, please explain:

I agree to notify *Senior Home Sharing, Inc.* if there is any change in the patient's physical or mental condition.

_____ _____

Physician's Signature *Date*

_____

Print or Type Physician's Name

DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN BACKGROUND CHECK FOR RESIDENCY PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for residency, **Senior Home Sharing, Inc.** ("the Company") may request and rely upon one or more reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making a tenant-related decision. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for tenancy, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize **Senior Home Sharing, Inc.** to obtain and rely upon consumer reports in considering me for residency. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the residency decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports that may be requested about me by or on behalf.

_____
Printed Name

_____ _____
Applicant Signature Date

Personal Data

Last Name _____ First Name _____ Middle Name _____

Current Address _____

Date of Birth _____ Other Names Used (including maiden name) _____

Social Security Number _____ Driver's License # _____ State _____

Email address (if you do not have an email address; sponsor may indicate theirs} _____

I have the right to make a request to **IntelliCorp Records, Inc,** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

Printed Name _____ Applicant Signature _____ Date _____

SPONSOR'S AGREEMENT

I,_____appoint the following persons to be the first and second {if the first is unavailable) sponsors if I should ever become unable to care for myself. They will be assigned the responsibility, if necessary, for arranging to have me and all my personal possessions moved out of the room. They will also be assigned the responsibility of providing any other allowable assistance if I am unable to provide this myself.

_____ _____

Date Applicant's Signature

I,_____agree to be the first sponsor for the care of _____if he/she should ever become unable to care for self, and to arrange for any allowable assistance should the need arise. I am also agreeing to be responsible for moving him/her out of his/her room if such action should be necessary. I **also understand that Senior Home Sharing provides an independent home setting and although there is support staff, he/she does have time off** in **the afternoon and evening.**

First Sponsor's Signature:_____Date:._____

Home Address:_____Home#_____

_____ Wo # _____

E-mail Address: _____ Cell# _____

I,_____agree to be the second sponsor for the care of _____ if he/she should ever become unable to care for self, and to arrange for any allowable assistance should the need arise. I am also agreeing to be responsible for moving him/her out of his/her room if such action should be necessary. I **also understand that Senior Home Sharing provides an independent home setting and although there is support staff, he/she does have time off in the afternoon and evening.**

Second Sponsor's Signature:_____Date:_____

Home Address:_____Home#_____

_____Wo #_____

E-mail **Address:** _____ **Cell** # _____

LEASE AGREEM ENT
BETWEEN SENIOR HOME SHARING, INC. and RESIDENT

This Lease Agreement ("Lease") is made and effective _____,20_, by and between SENIOR HOME SHARING, INC. an Illinois not for profit corporation, C'Landlord") and _____("Resident").

WHEREAS Landlord is the owner of certain Senior Residential Housing hereinafter the designated name below or generically as the "Leased Premises":

1 S 412 Chase Street, Lombard, Illinois 60148 ("Chase Place")

214 N. Eagle Street, Naperville, Illinois 60540 C-Eagle Place").

WHEREAS Landlord desires to lease a designated portion of the Leased Premises to Resident, and Resident desires to lease the designated portion of the leased Premises from Landlord for the term, at the monthly rental rate and upon the covenants, conditions and provisions herein set forth in this lease Agreement.

WHEREAS Resident represents that he or she is of sound mind and has full power and authority to execute the lease.

THEREFORE, in consideration of the mutual promises herein, contained and other good and valuable consideration, it is hereby agreed as follows:

1. Term.

A. Landlord hereby leases a designated portion of the aforesaid Leased Premises to Resident, and Resident hereby leases the same from Landlord, for a term of twelve (12) months ("Lease term") beginning _____, and ending _____,. Landlord agrees to give Resident possession of the designated portion of the leased Premises at the beginning of the Lease term.

B. The Lease term shall exist for the term of one (1) year. Within 30 days of the expiration of the Lease term, so long as the Tenant has paid all of the previous monthly rental payments and has complied with all of the landlord's Expectations and Family Group Policies and Procedures, the Landlord shall extend the Tenant's current Lease term by executing a new Lease or lease extension agreement on **[the same terms as provided in the previous Lease]** or **[on whatever rental terms provided in the new Lease].** The new Lease shall exist for one year thereafter and shall be renewed on the same conditions as set forth in the initial Lease extension and on whatever rental terms requested by the Landlord unless either party gives the other party written notice of intent to not renew the lease, in writing, not less than thirty (30) days prior to renewal. Unless agreed to otherwise, the renewal term shall be at the rental set forth below and otherwise upon the same covenants, conditions and provisions as provided in this Lease. It is also agreed and understood that the Lease shall automatically terminate upon the date of death of the Resident.

2. Rent and Security Deposit.

A Resident shall pay to Landlord during the Term of this Lease a monthly rental fee of _____dollars ($____ __, payable monthly and due by the 1st of each month. Each monthly rental fee shall be due in advance of the first day of each calendar month

during the lease term and made payable to Landlord at Senior Home Sharing, 1910 S. Highland Avenue, Ste 100, Lombard IL 60148 or at such other place designated by written notice from Landlord or Resident. The rental payment amount for any partial calendar months included in the lease term shall be prorated on a daily basis.

B. No later than the initial move in date on the initial lease term, Resident shall also pay a Security Deposit to Landlord, which shall be the equivalent of one month's rental fee.

C. The monthly rental for any renewal lease term shall not be increased by more than five percent (5%) over any prior lease term.

3. Use and Landlord's right to internally transfer a Resident

The Leased Premises shall be used as Resident's general living space subject to and in accordance with the Landlord's Expectations and Family Group Policies and Procedures which are incorporated by reference and attached to the Lease Agreement hereto as Exhibits A and B. In the event the Landlord determines that it is necessary to move a Resident from one bedroom to another safety, access or comfort reasons, the other Residents agree to accommodate the Landlord's request.

4. Entry.

Landlord shall have the right to enter upon the Leased Premises at reasonable hours to inspect the same, provided Landlord shall not thereby unrea onably interfere with Resident's use of Leased Premises.

5. Damage and Destruction.

If the Leased Premises or any part thereof or any appurtenance thereto are so damaged by fire, casualty or structural defects that the same cannot be used for Resident's purposes, then Resident shall have the right within thirty (30) days following damage to elect by notice to Landlord to terminate this Lease as of the date of such damage. In the event of minor damage to any part of the Leased Premises, and if such damage does not render the Leased Premises unusable for Resident's purposes, Landlord agrees to promptly repair such damages. In making the repairs called for in this paragraph, Landlord shall not be liable for any delays resulting from strikes, governmental restrictions,inability to obtain necessary materials or labor or other matters which are beyond the reasonable control of Landlord. Resident shall be relieved from paying rent or shall receive a rent credit during any portion of the Lease term that the Leased Premises are inoperable or unfit for occupancy, or use, in whole or in part, for Resident's purposes. Rentals and other charges paid in advance for any such periods shall be credited on the next ensuing payments, if any, but if no further payments are to be made, any such advance payments shall be refunded to Resident. The provisions of this paragraph extend not only to the matters aforesaid, but also to any occurrence which is beyond Resident's reasonable control and which renders the Leased Premises, or any appurtenance thereto, inoperable or unfit for occupancy or use, in whole or in part, for Resident's purposes.

6. Default or Breach.

If default or breach of any provision of this Lease shall at any time be made by Resident in the payment of rent when due to Landlord as herein provided, and if said default shall continue for ten (10) days after written notice thereof shall have been given to Resident by Landlord, or if default shall be made in any of the other covenants or conditions to be kept as set forth in the Landlord's Expectations and Family Group Policies and Procedures, and

Resident is provided with written notice of any such breach or default of the Expectations or Family Group Policies and Procedures and any such breach continues or is repeated at any time within the next ten (10) days thereafter without correction thereof then having been commenced and thereafter diligently prosecuted, Landlord may declare the term of this Lease ended and terminate this Lease or any subsequent extension thereof by giving Resident written notice of such intention with a termination date no later than ten (10) days thereafter. If possession of the Leased Premises is not surrendered by Resident within the time set forth above, Landlord may reenter said premises. Landlord shall have, in addition to the remedy above provided, any other right or remedy available to Landlord on account of any Resident default, either in law or equity. Landlord shall use reasonable efforts to mitigate its damages.

7. Termination of Lease Agreement.

This Lease can be terminated by Resident without cause upon thirty (30) days written notice to Landlord. Landlord shall make reasonable efforts to safeguard Resident's personal belongings after Resident's discharge. However, Landlord shall not be held liable for any damage to or loss of Resident's personal belongings. In the event Resident's personal belongings are not claimed within thirty (30) days of discharge or transfer, Landlord reserves the right to dispose of any personal property left the Resident. You will not be transferred or discharged from the premises except in such circumstances where:

- The transfer or discharge is necessary for your health or welfare and your current physical or psychological needs can no longer be met in the home.
- If your condition or behavior endangers or threatens the safety or health of other individuals in the home.
- For non-payment of charges due to Landlord after reasonable and appropriate notice as set forth in this Lease.
- If Senior Home Sharing ceases to operate.
- If you fail to comply with Senior Home Sharing's Family Group Policies and Procedures or Expectations or any other operating polices and after notice of such non-compliance is provided and you continue to non-adhere to the guidelines;

8. Quiet Possession.

Landlord covenants and warrants that upon performance by Resident of its obligations hereunder, Landlord will keep and maintain Resident in exclusive, quiet, peaceable and undisturbed and uninterrupted possession of the Leased Premises during the term of this Lease.

9. Condemnation.

If any legally, constituted authority condemns the Building or such part thereof which shall make the Leased Premises unsuitable for leasing, this Lease shall cease when the public authority takes possession, and Landlord and Resident shall account for rental as of that date. Such termination shall be without prejudice to the rights of either party to recover compensation from the condemning authority for any loss or damage caused by the condemnation. Neither party shall have any rights in or to any award made to the other by the condemning authority.

10. Notice.
Any notice required or permitted under this Lease shall be deemed sufficiently given or served if sent by personal service or United States regular mail, addressed as follows:

If to Landlord to:

Senior Home Sharing,
1910 S. Highland Avenue, Ste 100,
Lombard IL 60148

If to Resident to:

_____
_____
_____

Landlord and Resident shall each have the right from time to time to change the place notice is to be given under this paragraph by written notice thereof to the other party.

11. Waiver.
No waiver of any default of Landlord or Resident hereunder shall be implied from any omission to take any action on account of such default if such default persists or is repeated, and no express waiver shall affect any default other than the default specified in the express waiver and that only for the time and to the extent therein stated. One or more waivers by Landlord or Resident shall not be construed as a waiver of a subsequent breach of the same covenant, term or condition.

12. Compliance with Law.
Resident shall comply with all laws, orders, ordinances and other public requirements now or hereafter pertaining to Resident's use of the Leased Premises. Landlord shall comply with all laws, orders, ordinances and other public requirements now or hereafter affecting the Leased Premises.

13. Governing Law and Venue.
This Agreement shall be governed, construed and interpreted by, through and under the Laws of the State of Illinois and DuPage County, Illinois shall be the sole venue for adjudicating any unresolved legal matters between the parties herein..

IN WITNESS WHEREOF, the parties have executed this Lease as of the day and year first above written.

SENIOR HOME SHARING, INC. **RESIDENT**

By: _____ By: _____

Date: _____ Date: _____

ADDENDUM

PERSONAL GUARANTY

This person may be different than listed sponsor(s)

It is further agreed that_____{"Guarantor"), in the event of a material default by the Resident wherein the Resident becomes more than 45 days delinquent on any rent payments or any other charges due, the Landlord shall be allowed to seek recovery from the Guarantor in addition to the Resident for the full amount due to Landlord. It is further agreed that Guarantor agrees to assume all debts and liabilities incurred by Resident for non-payment including, but not limited to court costs and reasonable attorney's fees in the event it is necessary to seek legal assistance to enforce any of the terms of the Lease.

By_____
Guarantor
Dated:_____,20__

Name:
Address:
City, State, Zip:
Phone:
Email:

SENIOR HOME SHARING
FAMILY GROUP POLICIES AND PROCEDURES

I. Purpose

The purpose of the Family Group Policies and Procedures is to establish policies and procedures for operation of a residence and the selection and retention of residents. Under the guidance, support and general management of Senior Home Sharing, Inc., a not-for-profit corporation (501c3) registered in the State of Illinois, a group of seniors (age 60 and older}, men and women may form a family group to share a residence for mutual economic and social benefit. The residence is a non-licensed residential housing facility. Therefore, Senior Home Sharing will not accept tenants who need nursing home services, or whose tenancy would constitute a direct threat to the health or safety of other individuals or result in substantial physical damage to the property ofothers.

II. Fair Housing & Non-Discrimination Policy

Senior Home Sharing does not discriminate against any applicant on the basis of race, color, creed, religion, sex, national original, age, familial status, ancestry, unfavorable military discharge, and marital status, receipt of governmental assistance or handicap. Senior Home Sharing does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs and activities.

The Corporation will conform to current and future legislation which protects the individual rights of residents and applicants. The Corporation will also seek to identify and eliminate situations or procedures which create a barrier to equal housing opportunities in accordance with Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Amendments Act of 1988.

III. Income Restrictions

All residents are eligible to live in a Senior Home Sharing residence, if they are capable of paying themonthly fee, without regard to income or asset levels.

IV. Privacy Rights

Senior Home Sharing recognizes the resident's and applicant's right to privacy as guaranteed by the Privacy Act of 1974 and HIPAA of 1996 However, this policy does not limit the Executive Director's responsibility to collect such documentation, as required, to determine eligibility, or suitability for tenancy.

Access to the resident/applicant file will be limited to the resident/applicant (or appointed guardian), Executive Director and Officer Manager. Access or requests for information on the resident/applicant from other sources (landlord,

credit firms, social services agency, doctors, etc.) must be accompanied by written release request signed by the affected party or by court subpoena, unless disclosure is authorized under Federal or State laws.

V. Applicant Screening Criteria & Qualifications

The executive director or staff person will make a determination on appropriateness of residency based on the following items:

- The applicant is over the age of 60.
- The applicant has authorized a background check, which results in no prior criminal or legal activity.
- The applicant submits a physician's report from their primary care physician which outlines any medical conditions, any medications, and any physical or mental limitations.
- The applicant completes a 45 minute social service assessment and our social worker indicates the applicant would be a good fit in the home.
- The applicant spends a total of 6-8 hours in the home prior to approval.

VII. Management Responsibility and Authority

- Hire and train staff and volunteers to provide two to three meals per day, care of the general premises, weekly housekeeping, access to laundry facilities, support the safety within the home, and the maintenance of the home.
- Help to resolve conflicts and support residents both individually and as a group.
- Maintain all financial records for the organization including the household budget.
- Collecting monthly fees - Please return to: Senior Home Sharing, 1910 S. Highland Avenue, Ste 100, Lombard IL 60148

VIII. Resident Responsibility and Authority

- Individually and as a group, the resident will cooperate with management to meet all Federal, State and local requirements.
- Residents will meet as a group with the support staff every 2 months to consider action supporting the needs and wishes of all the residents. House operating procedures, schedules and recommendations will be considered.
- Special requests and complaints may be made to the support staff, executive director and the Board, in that order. Agreement may be reached by any one of these authorities.
- Residents are responsible for all personal and health care. On request, documentation must be provided to the executive director if insufficient physical, mental or social skills adversely affect the resident's ability to reside in this non-licensed residential housing; or such behavior affects the health, safety and quiet enjoyment of other residents. Such behavior may become a factor in considering involuntary termination of the Lease. Note: A resident may use support services

in order to comply with the Lease provisions. The expense of the support services shall be the responsibility of the resident. Senior Home Sharing shall not endorse or assume responsibility or liability for any support services independently contracted by the resident.

- Confidentiality. Information included in your medical record is confidential. Individuals other than you shall not be allowed to review your records without your consent, except as required or permitted by law.
- Consent to Release by SHS. You authorize us to release all or any part of your medical or financial records to any person or entity that has or may have a legal or contractual obligation to pay all or a portion of the costs of care provided to you, including but not limited to hospital or medical services companies, third party payors or workers' compensation carriers. You also authorize release of information from medical or financial records to any medical professional or institution responsible for your medical or nursing care when you are transferred or discharged from the home.
- Photographs. You agree to allow us to photograph or videotape you as a means of identification and/or for health related or community outreach purposes, to help locate you in the event of an unauthorized absence from the home.
    - o Initials

IX. Payments

- Monthly fees will be set annually by the Board based on the budget for the coming year.
- Fees are due on the first of each month. No billing will precede payment. If no payment is received after ten days, it will be construed as a notice of voluntary termination. Special consideration may be made to temporarily assist a resident who experiences financial problems. Each case will be reviewed individually by the Board of Directors or designated committee.
- A deposit of one (1) month's fees will be paid prior to occupancy. Generally, the deposit will be refunded within thirty days of termination of residence unless resident is in arrears, has incurred damage, or did not give 30-day notice of termination, whether voluntary or involuntary. All of the resident's belongings must be removed from their room before the deposit will be refunded.
- The deposit cannot be used as the last month's fee unless prior agreement is made by the Executive Director.
- Residents will not receive any form of compensation or special benefits for participating in the marketing and outreach activities of SHS.

Resident's Name_____

Resident's Signature_____

Date_ _

Sponsor's Name_____

Sponsor's Signature_____

Date_ _

SENIOR HOME SHARING
EXPECTATIONS

1. No smoking inside the home. Smoking will occur on the far side of the exterior garage.
2. No alcoholic beverages in house without permission of manager.
3. Use of power tools and guns are prohibited.
4. No pets.
5. Resident is responsible for personal laundry.
6. Resident must be dressed appropriately in all common areas.
7. No sleeping in the common areas of the home.
8. Resident is responsible to be in the dining room at mealtime.
9. Personal hygiene and cleanliness are expected of all residents at all times.
10. Resident must not enter any bedroom other than the one in which the resident sleeps unless invited. Respect each other's privacy and property.
11. Common courtesy is expected in manners and behavior. Swearing or other inappropriate language is prohibited.
12. General quiet is expected after 9:00 **P.M.** Tum down radio, T.V., and voices.
13. Resident will notify staff when planning to go out and what time they will be returning.
14. Overnight visitors are not allowed without permission from the office. Residents and other staff will be informed.
15. Resident is responsible for cleaning his/her room and leaving the bathroom clean after use.
16. Residents are responsible for properly storing food they bring into the house.
17. Resident's personal effects/valuables are the responsibility of the resident and/or the resident's sponsor.
18. Residents must participate in regularly scheduled fire drills and house meetings in the home of which they reside.
19. Senior Home Sharing staff are required to inspect residents' rooms monthly or more frequently, if need be.

I have read and agree to live by the Senior Home Sharing house expectations.
I understand that if there is a violation, I may be asked to leave.
I acknowledge that if there is anything I need, I should contact a staff member.
Illinois Department of Aging maintains a Senior Helpline 1-800-252-8966

Senior Home Sharing Resident Assessment Scale
Activities of Daily Living (ADLs) & Social Engagement

Resident Name..... Date_____ Manager Name.....
DRL Name _____

Eating: Ability to function appropriately and independently during meals

High: Complete independence at meals	3
Moderate: Eats independently but needs food cut before serving or needs coaxing	2
Low: Cannot feed self and/or regularly wanders from table	1

Bathing: Ability to bathe and/or shower independently

High: Bathes independently, needs no reminders	3
Moderate: Needs reminders and/or help with clothing, but once in bath, washes self independently	2
Low: Needs assistance in all areas of bathing	1

Grooming: Awareness of dress and personal care.

High: Well groomed, hair, body and clothes clean and appropriate	3
Moderate: Slightly disheveled, generally clean but hair unkempt and/or unshaven	2
Low: Poorly groomed, body odors, hair unkempt, and/or inappropriate dress	1

Dressing: Ability to dress and attend to personal care.

High: Dresses self independently with no assistance	3
Moderate: Dresses self but some difficulty with buttons/zippers, etc	2
Low: Needs assistance in all areas of dressing	1

Toileting: Ability to take care of toileting needs.

High: Completely continent and independent in all aspects of toileting	3
Moderate: May wear Depends or have partial incontinence but requires no assistance in toileting.	2
Low: Partially or totally incontinent and requires assistance in toileting	1

Mobility: Degree of physical independence and coordination

High: Walks, sits and stands independently; no assistive devices	3
Moderate: Walks, sits and stands independently; uses assistive devices (cane or walker)	2
Low: Cannot walk, sit or stand without assistance from others	1

Revised by LK,1/1312016

Medication:

High: Completely independent	3
Moderate: Medication reminders needed	2
Low: Requires assistance with medication reminders/administration	1

Being Alone:

High: Completely independent	3
Moderate: Some support needed	2
Low: High risk of being left alone without supervision	1

Alertness: Level of awareness of things, people, activities

High: Notices almost everything	3
Moderate: Mostly aware, may seem unaware every once in awhile	2
Low: Generally unaware throughout the day, sleeps a lot	1

House Interaction: Degree of social interactions with others.

High: Initiates conversations with SHS staff and other residents	3
Moderate: Responds appropriately when others initiate conversation or some occasional non-response to conversation initiated by others	2
Low: Consistently inappropriate or not responsive to initiated conversation	1

Activities: Participation in activities/interaction in or outside of home

High: Shows both interest and enthusiasm in participating in outings/activities offered or to which he/she is invited	3
Moderate: Participates on own or in a perfunctory manner once encouraged or after continued urging	2
Low: No interest or participation in outings/activities	1

Previous quarter's score____ _ Today's Total Score_ _ _ _

Comments:_ _

Revised by LK,1113/2016

SENIOR HOME SHARING

1910 S. Highland Avenue, Ste 100, Lombard IL 60148

(630) 407-0440

RESIDENT ASSESSMENT

Identifying Information

Name _____

Address. _____

_____

Telephone _____

Sponsor's Name _____

Sponsor's Address _____

_____

Sponsor's Telephone _____

Sponsor's E-mail _____

Assessment Date _____

Assessor _____

Preferred First Name _____

Date of Birth _____

Relationship _____

Move-in-Date _____

Power of Attorney _____

Power of Healthcare _____

DNR _____

Referral Source _____

Residence applying for:

☐Chase Place ☐Eagle Place

Reason for Referral. _____

_____

_____

Persons present during assessment. _____

_____

Current living situation:

☐ Own Home or Apartment
☐ Home of Relative
☐ Elderly Housing/Apartment
☐Nursing Home
☐Hospital
☐ Other _____

Marital Status

☐Never married ☐ Separated ☐Widowed

☐Married ☐Divorced

Years married _____

Years divorced or widowed _____

Ethnicity _____

Primary languages spoken _____

SHS RESIDENT ASSESSMENT

Family

CHILD'S NAME	RESIDENCE	HOW OFTEN INTERACT	INTERACTIONS

How many grandchildren?_____ How many great-grandchildren?_____

Social History

Occupation before retirement._____ Age at retirement.__

Highest level of education_____

Avocations or hobbies_____

Use of senior centers _____

Church affiliations_____

Health Behaviors

Alcohol consumption._____ Days per week_____ Amount_____

Smoking_____ Number of cigarettes per day_____

Sleeping

How many hours of sleep per night do you get?_____

How many days last week did you experience problems sleeping?_____
(e.g., waking frequently during the night, difficulty falling asleep, sleeping more or less than usual)

How many days last week did you take sleeping pills?_____

Walking Needs

How many times during the past twelve months have you fallen?_____

How many of these falls required the attention of a doctor or an emergency room visit?___

How many of these falls required hospitalization?_____

Did any of these falls result in a decreased ability to move about or care for yourself?___

Are you so afraid of falling that it has interfered with your ability to move about?_____

Walker ☐ Cane ☐ Artificial Limb ☐ Leg Brace ☐

Aids needed but individual does not have_____

SHS RESIDENT **ASSESSMENT**

Medical Condition and Physical Status

Doctor's Name	Address	Phone

Date of last check-up _____

	Yes	No		Yes	No
Fracture/hip injury	☐	☐	Headaches	☐	☐
Your heart, blood pressure, leg swelling	☐	☐	Skin rashes, sores, bed sores	☐	☐
Breathing or any known lung problem	☐	☐	Eating, stomach, or bowels	☐	☐
Stroke, memory loss, muscle weakness, Paralysis, Multiple Sclerosis, Parkinson's	☐	☐	Cancer, tumors or Leukemia within the last 5 years	☐	☐
Seeing or hearing, even with glasses or hearing aid	☐	☐	History of emotional or mental health problems	☐	☐
Diabetes (high blood sugar), thyroid condition	☐	☐	Suicide attempts	☐	☐
Arthritis (pain in joints}, thin or broken bones or missing limbs	☐	☐	Anemia (low blood level} or weight loss	☐	☐
Fainting spell, dizziness	☐	☐	Bladder problems	☐	☐
Dentures/teeth	☐	☐			

Any other medical problems and/or medications _____

MEDICATION	DOSAGE	FREQUENCY	REASON

Hospitalizations within **the Past Five Years:**

DATE	HOSPITAL	REASON	HOW LONG

SHS RESIDENT ASSESSMENT

Activities of Daily Living:	Independent	Supportive Services
Eating		
Bathing		
Grooming (personal appearance)		
Dressing		
Transfer (in and out of bed)		
Move about in home		
Outside of home		
Toileting		
Bladder continence		
Bowel continence		
Telephoning		
Laundry		
Medication management		
Being alone		
Money management		
Transportation		

Additional Comments