BETHANY ST. JOSEPH CORPORATION **Community Services Community Services Housing Application** For seniors age 62+ or age 55 with disability

How did you hear about us	s?						
N	Applicant 1				Applicant 2		
Name:	First	Middle	Last		First	Middle	Last
Previous Names:							
Date of Birth:							
Current Address:							
City, State, Zip Code:							
Home Phone:							
Cell Phone:							
Previous Address:							
City, State, Zip Code:							
Email to Notify of Openings	3:						
Preference (Circle one): (Circle one):		ing / Independer by Terrace Only	nt Living) / One Bedroom	n / Two		iving / Independ	ent Living
I am interested in the follow	ing facility / f	acilities (Circle	all that apply):				
			ace / OnaTerrace Home / Laurel M			/ Mill St. Manor ace	
Contact:	N	Ie about this app	olication		M	y family about th	is application
Family Contact Name:	Phone Number:						
Email to Notify of Openings	:						
ditional Information:							
	ll programs and		ade available withou in or Other Unlawfu	0		l, Gender,	
opportunitySignatur	re of Applicant	Family Member				Date	

Signature of Applicant/Family Member

Applications are processed and filed in chronological order according to when they are received. Mail completed applications to the facility of interest:

Assisted Living

Laurel Manor – 108 17th Av. S., Onalaska, WI 54650 Mill St. Manor - 840 Mill St., West Salem, WI 54669 Prairie Home - 620 Malin Ct., Holmen, WI 54636 Salem Terrace - 104 Lewis, West Salem., WI 54669 Shelby Terrace - 2525 Shelby Road, La Crosse, 54601

Senior Housing With Support Services Mill St. Manor - 840 Mill St., West Salem, WI 54669 OnaMain - 920 Main, Onalaska, WI 54650 OnaTerrace - 1126 Main, Onalaska, WI 54650

Prairie Home - 620 Malin Ct., Holmen, WI 54636 Salem Terrace - 104 Lewis, West Salem, WI 54669 Welcome Home - 3600 S. 28th, La Crosse, WI 54601 Windsor Place - 1020 Windsor St., La Crosse, WI 54603