



747 Water Street ■ Framingham, MA 01701 ■ phone 508-665-5300 ■ fax 508-788-6601 ■ www.heritageassistedliving.org

## ADVISOR RIGHTS & PRIORITY WAIT LISTING

Prospective Resident name(s) \_\_\_\_\_

Family representative name(s) \_\_\_\_\_

Family representative address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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

### ADVISOR RIGHTS, DISCLOSURE STATEMENT & CONSUMER GUIDE

#### Under Massachusetts assisted living regulations:

- You may have a legal representative.
- You must be provided with the Elder Affairs Consumer Guide.
- A formal meeting will provide and review a disclosure statement and residency.
- Agreement before any move into Heritage at Framingham.

### PRIORITY WAITING LIST MEMBERSHIP INFORMATION

*Until the applicant has been evaluated, we cannot guarantee placement in any program or apartment that you may have seen. However, in the event that your family member is accepted into one of our programs, you will have **first right of refusal** in selecting an apartment **before** other applicants with a **later** priority date.*

#### Potential apartment options (“X” desired boxes)

Programs	Studio	1BR	1BR Plus	2BR	Suite	Dorm	1st Available
Classic–IL*					N/A	N/A	
Homestead		N/A	N/A	N/A			

You may indicate floor plan by letter or apt # (e.g., “E”, “T”, etc): \_\_\_\_\_ \*IL = Independent Living

### PRIORITY LIST MEMBERSHIP REQUEST

*Membership on this list is neither a contract, nor a guaranteed reservation. Nothing contained in this document is legally binding until the applicant has been approved for a program and until a Residency Agreement has been reviewed and signed by all parties.*

Signature: Family Representative, POA, Guardian, Spouse or Resident

Heritage at Framingham Representative

Date