MARTIN LUTHER
SENIOR LIVING & CARE

# JOIN OUR WAITLIST!

## WAITLIST APPLICANT CONTACT INFO

**Applicant Name**(s):_____

**Address:**_____

**City:**_____ **State:**_____ **Zip:**_____

**Phone Number:**_____ **Email:**_____

## CONTACT OR DESIGNATED REPRESENTATIVE FOR APPLICANT IF DIFFERENT FROM ABOVE:

**Name:**_____

**Address:**_____

**City:**_____ **State:**_____ **Zip:**_____

**Phone Number:**_____ **Email:**_____

**Relationship to Applicant:**_____

CARE LEVEL

- ◯ **Assisted Living**
- ◯ **Memory Care**

APARTMENT TYPE

- ◯ **Studio**
- ◯ **Shared Suite**
- ◯ **1BR**

TOUR IS REQUIRED BEFORE SUBMITTING WAITLIST APPLICAITON

**Please contact Amy James to schedule.**
Phone: 952-885-8882
Email: Amy.James@Fairview.org

**Optional—***Please list preference(s) you would like us to know about, (i.e. floor, view, design, unit #, timeframe of move.)*

_____

By completing this form, I am requesting to be added to the Meadow Woods Senior Living waitlist. 

MANAGED BY EBENEZER