



THE VOYAGE
SENIOR LIVING
ANCHOR CHECKLIST

IMPORTANT DOCUMENTS NEEDED FOR ADMISSION

- COPY OF POA PAPERWORK
- COPY OF SOCIAL SECURITY CARD
- COPY OF MEDICARE CARD AND SECONDARY INSURANCE

ITEMS NEEDED (PROVIDED BY RESIDENT POA) WITH MOVE-IN:

- BED- IF THE RESIDENT USES IT
- SHEETS
- BLANKETS
- RECLINER
- NIGHTSTAND
- LAMP-IF NEEDED
- DRESSER
- CLOTHES
- SOCKS
- SHOES-SLIPPERS
- TELEVISION
- BATH TOWELS AND WASH CLOTHS
- TOILETRIES (SOAP, DEODORANT, LOTION, BRUSH, TOOTHBRUSH,
TOOTHPASTE, DEPENDS, WIPES, RAZORS, SHAVING CREAM, CHUCKS)

RENTAL APPLICATION

Unit Preference: Studio _____ One BR _____ Two BR _____

PLEASE NOTE: Co-applicants must complete a separate application form. PLEASE PRINT.

APPLICANT (Full Name):

First Middle Last Social Security Number Date of Birth

CO-APPLICANT (Full Name):

First Middle Last Social Security Number Date of Birth

STUDENT STATUS: Are all of the residents full-time students? Yes No

RESIDENTIAL HISTORY:

Current Address: _____ How Long? _____ yrs. _____ mos.
Street Address, City, State, Zip Code

Own _____ or Rent _____ If "Rent," please list Landlord: _____
Name Phone Number

CREDIT REFERENCES:

Bank Name: _____ Checking #: _____ Savings #: _____

Driver's License: _____ State: _____ Expires: _____

Vehicle Model: _____ Year: _____ License Plate #: _____

OTHER INFORMATION:

HAVE YOU EVER: Filed for Bankruptcy? Yes No
Been Evicted from Tenancy? Yes No
Been Convicted of a Felony? Yes No
Do You Have the Right to Legally Enter Into a Lease? Yes No

Do You Own a Pet? Yes No If "Yes," please explain: _____

Emergency Contact: _____
Name Phone Number Relationship

FOR OFFICE USE ONLY: Received: _____	Background Check: _____
Approved for A: _____	Approved for MR: _____
Move-In Date: _____	

By execution of this application, I hereby authorize The Voyage Senior Living or its agent to make such investigations into my credit, employment, rental, and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information to you.

Rental Application – Asset Addendum

PLEASE LIST ALL OF THE ASSETS THAT ARE AVAILABLE TO THE HOUSEHOLD ON THE CHART BELOW. FOR PURPOSES OF THIS APPLICATION, YOU MUST ALSO INCLUDE THE VALUE OF ANY ASSETS DISPOSED OF IN THE PAST 24 MONTHS AT LESS THAN FAIR MARKET VALUE, AS WELL AS ASSETS HELD IN A REVOCABLE TRUST.

Assets include: Cash (wherever held), including cash in checking and savings accounts or safety deposit boxes; the principal value of any trust available to the household; equity in real estate or capital investments; notes receivable; stocks; bonds; money market accounts; certificates of deposit; and luxury personal property (gems, jewelry, art, coin collections, etc...).

Assets **DO NOT** include: Necessary personal property such as clothing, furniture, daily-use autos, tools, dishes, etc. Also excluded is any special equipment for use by the handicapped, cash value of life insurance policies, and assets of a business (such as a working farm).

TYPE OF ASSET	CASH VALUE OF ASSET	ANNUAL INCOME FROM ASSET
TOTAL:		

 APPLICANT'S SIGNATURE

 DATE

Welcome to Our Facility



For inquiries, please feel free to reach out via phone at (618) 964-1205 , or email me at You are also welcome to visit during business hours, Monday through Friday, from 8 AM to 4 PM.

My name is Terra Shreve and I am the Social Service Coordinator for The Anchor.

The Anchor of The Voyage Senior Living is our state of the art Dementia and Alzheimer's Care Community. This community was designed with the utmost thought to the dementia resident. We have 3 'neighborhoods' inside the building that house 20 people each at full capacity. Each neighborhood consists of shared (2 people) studio apartments, private studio apartments, a large kitchen and dining room, living room, 2 common or quiet areas patios and access to plenty of outdoor space . Every room has a large bathroom to accommodate those needing assistance.

We provide around the clock personal care, person centered care plans, medication administration , medical providers that come on sight, security system, 3 meals a day, laundry services, housekeeping services, dementia-related activities and exercises, transportation to medical appointment with an escort, and SIH outpatient therapy is in the building to help us with all therapy needs.

We are a private pay facility, but we do offer financial assistance through Illinois Department on Aging. If qualified- IDOA would pay for services and the individual would only responsible for the rent. Please contact me for more information. We also work with most Long Term Care Insurances.

Our assisted living facilities are the only facilities in Sothern Illinois that offer the **Comprehensive Care in Residential Setting (CCRS)** program from Illinois **Department on Aging (IDOA)**. This program pays for the service package the resident receive. i.e. food, transportation, housekeeping, personal care and medication reminders.

Place business card here



THE VOYAGE
SENIOR LIVING

The Voyage Senior Living Community of The Anchor

1501 Sandbar Drive Marion, IL 62959

(P) 618-964-1205

Anchor Assisted Living

If your assets are under \$17,500, you could qualify for financial assistance towards your services. This is a 'case by case' process and cannot be guaranteed until verification can be completed and approved by the corporate office.

Shawnee Alliance assists The Voyage in determining factors that allow for qualifying residents to earn assistance towards services with the Community Care Program (CCP). The Voyage CANNOT guarantee approval based on projected means of income or projected assets. The Voyage MUST verify with all parties involved in financial certifications before we can approve a resident's application.

- A security deposit equal to one-month rent is required at lease signing.
- An Additional pet deposit is required, if applicable, of \$150 per pet with a maximum of \$300.

Rent (includes Electricity, Water, and Trash):

- Private Room: \$3,977
- Shared Room: \$2468

A service package is an additional fee based on the need assessment conducted by The Voyage Senior Living. Those who apply for the CCP and are accepted will have a discounted service rate or total coverage of fees depending on the financial situation. There is a total of 4 service levels. Service levels start at \$3,557.

The Resident is responsible for their own phone.

Corporate Office for The Voyage Senior Living, 1500 Sandbar Drive, Marion, IL 62959



Items needed to determine eligibility for the Community Care Program-

Certified copy of birth certificate or legal resident documentation with proof of birthdate.

Proof of social security number.

All insurance cards- Medicare, drug plan, advantage plan, supplemental plan, Medicaid, etc.

Proof of life insurance with current cash value.

Proof of burial plan values. If a life insurance plan has been turned over to the funeral home, proof of that transfer.

Proof of all bank accounts within the last 60 days- Checking, Savings, CDs, Christmas club, etc.

Proof of all vehicles owned- Title or registration- includes RVs, boats, 4-wheelers, UTV, etc. Including amount owed if any and current mileage

Proof of any property owned- Tax records or property deeds. If they do not live on the property also need proof of the fair market value of the property.

Proof of any investments or retirement accounts- IRA, stocks, bonds, 401K, etc.

Proof of any other assets.

Proof of income- Social security, pensions, etc.

If available- Driver's license or ID card.

Total assets must be under \$17,500 for a single person and \$35,000 for a married couple.

As of 1/29/25-

For burial plans we exempt the value of the casket, vault, urn, plot, headstone.

If the client has a life insurance policy or a burial plan we also exempt \$1500 from that value.

If they own a home that they will not be living in, the home can be exempt for up to 6 months if the home is actively for sale. If the home doesn't sell within those 6 months we can request an additional 6-month exemption from IDOA. We have to have proof that the house is up for sale for fair market value.

Example- Total burial plan value \$10,000- Casket \$3,000 -Vault \$1000= \$6000- \$1500 exemption= \$4500.

We would count \$4,500 as the value of the burial plan.

Any assets transferred within the past 5 years for less than fair market value could count as an asset.

Example- 2 years ago the client sold their home for \$1 to their children and removed their name from the deed. This could count as an illegal asset transfer making the client not eligible for CCP services until 5 years after the transfer occurred. The value of the home would count as an asset until the 5-year timeframe is met.

Example- Client gave her car to her grandson for nothing. This could also count as an illegal asset transfer, and the value of the car would count as an asset until 5 years after the transfer occurred. If the value of the car and all the other assets are less than \$17,500 for a single person the client may still qualify for CCP services.

The Voyage Senior Living - Face Sheet

Facility: _____

Does resident have DNR on file: Yes No

Name:				Medical Information						
Preferred Name:				Primary Physician:						
DOB:		SSN#:		Address 1:						
Sex:		Neighborhood:		Address 2:						
Age:	Admit Date:		Apt#	Phone:		Fax:				
Demographics			Height:	Weight:		Billing Information				
Marital Status:			Admitted With:			Medicare #:				
Race:			<input type="checkbox"/> Catheter Present	<input type="checkbox"/> Contractures		Medicaid #:				
Religious Preference:			<input type="checkbox"/> Pressure Ulcers Other than Stage 1				Insurance:			
Previous Occupation:			<input type="checkbox"/> Eye Glasses	<input type="checkbox"/> Special Diet		Policy #:				
Military Service:			<input type="checkbox"/> Dentures	<input type="checkbox"/> Hearing Aid						
Assistive Devices:				Read:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Write:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				Visually Impaired:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
				Hearing Impaired:	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Received Influenza Vaccine:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Rec'd:		Service Providers and Preferences				
Received Pneumococcal Vaccine:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Rec'd:				Company	Phone Number	
Allergies		Diagnosis		POA Info		Ambulance:				
				Healthcare:		Hospital:				
				<input type="checkbox"/> Yes <input type="checkbox"/> No		Mortuary:				
				Name:		Pastor:				
						Pharmacy:				
				Property:		Does resident have a living will:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No		Is resident a veteran?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Name:						
Responsible Party (Bills will be sent to this address)				Second Contact			Third Contact			
Name:				Name:			Name:			
Address:				Address:			Address:			
Phone:				Phone:			Phone:			
Email:				Email:			Email:			
Relation:				Relation:			Relation:			
Other Healthcare Providers										
Name:		Address:			Phone:		Type of Doctor:			
Tenant will allow the following individual(s) to enter their apartment and/or access their mailbox in tenant's absence:										