

2. MEDICAL and HEALTH INFORMATION:

Do you currently require personal or skilled health care? _____

If yes, who is currently providing the care? _____

How often? _____ Will you continue to receive the care while living at DESC? _____

Does this care allow you to maintain your independence? _____

3. EMPLOYMENT INFORMATION:

(Complete only the section that applies)

A. I retired from the Denver Public Schools (DPS):

1. What year did you retire? _____

2. Number of years employed with DPS. _____

3. What position were you holding at the time of Retirement? _____

(Please attach proof of retirement from DPS)

B. I am currently employed with the DPS: _____

1. Number of years employed with DPS. _____

2. What is your position with DPS? _____

3. What is the name of your current Supervisor? _____

(Please attach proof of employment)

C. I am a relative of a DPS employee:

1. Name of Employee: _____

2. What is your relationship to the DPS employee? _____

3. Where do/did they work? _____

4. Did your relative retire from DPS? _____ What year? _____

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D. I have (worked and/or retired) from the educational field:

1. Where did you work? _____

2. What was your position? _____

3. How long did you work? _____

4. What years did you work? _____

E. I have never worked in the educational field. _____

1. What types of employment have you had? _____

4. FINANCIAL INFORMATION:

Employed: _____ Retired: _____

Name of Employer: _____

Address of Employer: _____

Annual Salary: \$ _____ Take Home Pay \$ _____ /MO.

OR

Monthly Retirement Income \$ _____

5. REFERENCES:

Give three references other than relatives who are acquainted with you:

NAME:

ADDRESS:

PHONE:

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5a. RELATIVES:

List three relatives who are currently in contact with you. (Children, brothers, sisters, etc.)

NAME:

ADDRESS:

PHONE:

_____	_____	_____
_____	_____	_____
_____	_____	_____

6. PREFERENCE OF LIVING SPACE:

What size apartment are you interested in?

2 Bedroom _____ Lg. Bedroom _____ Sm. Bedroom _____ Buffet _____

Which floor? _____ Second Choice _____

7. SIGNATURE: _____ **DATE:** _____