

## ADVISOR RIGHTS & PRIORITY WAIT LISTING

Resident(s) Name(s) \_\_\_\_\_  
Family Representative Name(s) \_\_\_\_\_  
Family Representative Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone(s):H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### ADVISOR RIGHTS, DISCLOSURE STATEMENT & CONSUMER GUIDE

Under Massachusetts assisted living regulations, you may have a Legal or Resident Representative. You must also be provided with a copy of the Elder Affairs Consumer Guide.

When you agree to move to Heritage, a formal meeting will be held. You will be provided with a Disclosure Statement and Residency Agreement and these will be verbally reviewed with you.

### PRIORITY WAITING LIST MEMBERSHIP PROCEDURES

Please submit your name for Priority List Membership if you have:

- The potential to move your family member within 120 days
- The intention to fill out an Application for Residency

This priority wait list is NOT a contract for care or service. However, you will be invited to select an apartment *before* other applicants with a *later* priority date.

#### APARTMENT PREFERENCES (Circle Choices)

- [CLASSIC] [HOMESTEAD]
- [Studio] [1Bed Room] [1Bed Room w/den] [2Bed room] [Suite] [First Available]
- Indicate floor plan style(s) by letter (e.g., "E", "T", etc): \_\_\_\_\_

### PRIORITY LIST MEMBERSHIP REQUEST

I understand and agree that *membership on the waiting list is neither a contract, nor a guaranteed reservation for residence*. I also understand that I have the right to an advisor. Nothing contained in this document is legally binding on either me or the community until a Residency Agreement has been reviewed and signed by all parties involved.

\_\_\_\_\_  
**Signature-** can be any of the following:

*Family Representative, POA, Guardian, Spouse or Resident*

\_\_\_\_\_  
**Heritage at Framingham Representative**

\_\_\_\_\_  
**Date**