



WAITLIST REQUEST FORM

PROSPECT'S INFORMATION

Name:

Family Name First Name MI

Address:

House No. Street Name City State Zip Code

Social Security No.: _____-_____-_____

Date of Birth: _____

Phone Number: () _____-_____

SOCIAL WORKER'S INFORMATION

Case Manager:

Family Name First Name MI

Agency Name:

Address:

Street No. Street Name (Suite No.) City State Zip Code

Phone Number: ()-_____-_____

ADDITIONAL QUESTIONS:

HOW DID YOU HEAR ABOUT US? _____

ARE YOU ON YOUR OWN RESPONSIBLE PAYEE? _____

If not, who is your responsible payee? _____

WHEN ARE YOU PLANNING TO MOVE-IN? _____ 30 DAYS _____ 60 DAYS _____ ASAP

Prospective Resident's Signature

KPIL Representative's Signature

Note:

Please send your filled out request form to:

Phillip Jude Thaddeus A. Domantay
King Phillip Independent Living
738 S. Jackson Avenue, San Jose, CA 95116

OR

You may also fax it to 408.251.1086
You will hear from us very soon with our availability updates.

Thank you for interest in living at King Phillip Independent Living