

**Thank you for joining us for a tour of Hoffman SummerWood!**

We are so glad that you have stopped in and want to wish you the warmest welcome.

In our commitment to delivering the best quality of care we would like to better understand the contributing factors that have led you to come by today. **Email your form to** [**aramans@hoffmansummerwood.org**](mailto:aramans@hoffmansummerwood.org) **and she will contact you about your inquiry.**

**Your name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you researching for yourself?** Y / N

If not, who are you researching for? (Spouse, parent, friend): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is their name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can we contact them directly? Y / N

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your/ their timeline?** (30 days, 6 months, 1-2 years, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any changes recently that have led you to start looking at other living options? *(For example: taxing home maintenance, health concerns, location to family, etc):*

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**What are you interested in learning more about?** *Please circle:*

Independent Living Options Assisted Living Services Layouts & Pricing

Culinary & Meal Services Housekeeping Services Transportation Services

Programs & Activities Judaic Observances Outings & Trips

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_