

INQUIRY FORM

Date: _____ Drop-in Tour Schedule Tour Phone Inquiry

Life Story: (Everybody has a story. Who is/was this prospect? Career, marriage, upbringing, accomplishments) _____

Legacy / Themes / Values: (What does this prospect value? How do they want to be remembered? What are the themes of the stories they tell?) _____

Typical Day: (What does a typical day in their life look and feel like? What do they do for meals, transportation, shopping, social, etc.?) _____

Health: (What is the physical and mental health? Do they feel healthy? What is current support system?) _____

Financial: (Do they feel they can afford your community? What is their home value? Other assets, income? LTC? VA eligible? Family?)

Adult Children / Influencers: (Who are their children and other important influencers in their lives? Who do they trust the most?)

Problems in Current Situation: (Whether to stay or move? Why do you think the prospect should move? Why does the prospect think he/she should move?)

PRIMARY CONTACT:

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____ Relationship: _____

How did you hear about us? _____

PROSPECTIVE RESIDENT:

Resident Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Resident Phone: _____ Email: _____

Call In Tour Given Tour Scheduled Brochure Provided

Name of Person Taking Inquiry: _____ Date: _____