

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: _____