



Admissions Inquiry

Date _____ Person Making Inquiry _____

What is the prospective resident's name? _____

Is your inquiry about ___memory care or ___assisted living or ___independent living

Are you the prospective resident? ___YES ___NO

If YES, what is your email address? _____

If YES, what is your phone number? _____

IF YES, are you the person we should contact? ___YES ___NO

If NO, what is your relationship to the prospective resident?

___Social Worker ___Provider ___Other _____

Email _____ Phone # _____

If social worker or provider, please provide the following:

Company/Organization _____

Prospective Resident's date of birth: _____ MassHealth? ___YES ___NO

Does the prospective resident have the following?

Social Security \$/month _____ Pension \$/month _____

SSI \$/month _____ Checking \$ Balance _____

SSP \$/month _____ Savings \$ Balance _____

Thank you for your inquiry. Someone from admissions will be in touch with you soon!

Inquiries may be returned via fax, regular mail or to admissions@masonwright.org

An Affordable Senior Community
Assisted Living, Independent Living and Memory Care

Mason Wright Senior Living
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