

RESIDENCE for SENIORS APPLICATION FORM

Applicant Information:

Applicant name: _____ DOB: _____ SIN #: _____

OHIP # _____

Gender: M ☐ F ☐ Other ☐ Marital Status: _____

Present address: _____ Postal Code: _____

Phone: _____ Language(s) of communication: _____

Language at birth _____

Citizenship status: _____

Alternate Contact Person:

_____ Daytime Phone: _____

(Name and relationship)

Address: _____

Do you give us permission to talk with this person about your application? Y ☐ N ☐

Income and Assets:

On the next page, report **all** of your income and assets. You do not have to attach proof with this application but it **will** be required later.

<p>Income includes money from:</p> <ul style="list-style-type: none"> • Employment – full, part or temp • Self-employment • Pension income from any private or public sources • Income from government sources • Investment income and interest on savings 	<p>Assets include any savings, investments, or property that you own such as:</p> <ul style="list-style-type: none"> • GIC's • Bank Accounts • RRSP's • Business or business license • Real estate such as house, land, cottage, mobile home or farm
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List of Sources of Income	Gross monthly total – before deductions
ODSP	\$
Employment	\$
Employment Insurance	\$
WSIB	\$
Old Age Security	\$
GAINS – Aged	\$
Canada Pension Plan CPP	\$
Private Pensions	\$
Other income	\$

Statement of Assets	Value (estimate)
Bank, Trust Company, Credit Union (savings and chequing accounts)	\$
Stock, Bonds, GIC's, Debentures, Term Deposits, etc	\$
RRSP, Annuities	\$
Rent revenue	\$
Business assets	\$
Monies owed to you over \$500.00	\$
Other assets - specify	\$

Do you own property i.e. – house, farm, land, mobile home, cottage? Y ☐ N ☐

If “**Yes**” indicate the following.

Type of Property: _____

Address: _____

Estimated Value: \$_____

Have you transferred assets within the past **5 years**? Y ☐ N ☐

If “Yes” indicate the following:

Type of property: _____

Address: _____

Estimated value: \$ _____ Date of Transfer: _____

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Previous Address for the past **5 years**: (Must be completed – **please see note**)

Previous Address (most recent first)	From	To	Reason for Leaving

Note: Preference will be given to current residents of North Simcoe who have lived in the area for the past 5 years

Support Services Currently in Place:

Reason for Type of Support Service	If in place, name of Community Agency Providing Support to you
<input type="checkbox"/> Acquired Brain Injury	
<input type="checkbox"/> Personal Care Services	
<input type="checkbox"/> Mental Health Services	
<input type="checkbox"/> Developmental Services	
<input type="checkbox"/> Persons with physical disabilities	
<input type="checkbox"/> Assistive Devices (wheelchairs, walkers, etc.)	
<input type="checkbox"/> Other Support Services	

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Physical Disabilities – Details:

Do you have difficulty with any of the following?

☐ Vision ☐ Speech ☐ Hearing ☐ Mobility

Details:

Important Collateral Information:

Have you had any Falls or near falls within the past 6 months? Y ☐ N ☐

If yes, how many? _____ Did this require a trip to the hospital? Y ☐ N ☐

Hospitalizations or ER visits within past year? Y ☐ N ☐

of hospitalizations: _____ # of ER visits: _____

Flu shot _____ T.B. _____ Pneumovax _____

Diagnoses:

Family Physician or Nurse Practitioner:

Phone:

Medications: (Prescribed):

Allergies:

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These services are included with admission to the Residence:

- | | | |
|--|--|--|
| <input type="checkbox"/> Safe environment | <input type="checkbox"/> Meals provided | <input type="checkbox"/> Social contacts |
| <input type="checkbox"/> Activity Programs | <input type="checkbox"/> 24/7 surveillance | <input type="checkbox"/> Medication monitoring |
| <input type="checkbox"/> Housekeeping/cleaning | | |

SPECIAL NOTE:

If you have further Support Needs such as:

- | | | |
|---|---|--|
| <input type="checkbox"/> Support doing laundry | <input type="checkbox"/> Rising & retiring care | <input type="checkbox"/> Mobility issues |
| <input type="checkbox"/> Support with bathing/hygiene | <input type="checkbox"/> Other | |

Please complete the application form for the **Assisted Living Service** included.

If you qualify for admission to the Residence, you will then be contacted by the Program Supervisor of the Seniors Community Support Programs. An interview will be scheduled to perform an assessment as to level and type of support/care needs required. These Support/Care needs must be able to be managed in our Seniors Residential environment.

PLEASE NOTE:

This is the first step in the Application and Admission Process for the Seniors Residence situated at 44 Dufferin Street, Penetanguishene.

The second step will be to fully complete the eligibility for the Low-income housing therefore all documents pertaining to financial holdings will be expected.

Consents will also be requested at that time for the collection, use and disclosure of information provided on the application.

Lease Agreement will also be reviewed and signed at that time

**Please forward the completed application to: Director,
Seniors Services Wendat Community Programs 44
Dufferin St. Penetanguishene ON L9M 1H4
FAX: (705) 355-1026
Monday to Friday 9AM - 5PM at 705-355-1022 Ext: 2228
www.wendatprograms.com**