



# RESIDENCE for SENIORS APPLICATION FORM

## Applicant Information:

Applicant name: \_\_\_\_\_ DOB: \_\_\_\_\_ SIN #: \_\_\_\_\_

Gender: M  F  Other  Marital Status: \_\_\_\_\_ OHIP # \_\_\_\_\_

Present address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Language(s) of communication: \_\_\_\_\_

Citizenship status: \_\_\_\_\_ Language at birth \_\_\_\_\_

Alternate Contact Person:

\_\_\_\_\_  
(Name and relationship) Daytime Phone: \_\_\_\_\_

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"> <li>• Employment – full, part or temp</li> <li>• Self-employment</li> <li>• Pension income from any private or public sources</li> <li>• Income from government sources</li> <li>• Investment income and interest on savings</li> </ul>	<p>Assets include any savings, investments, or property that you own such as:</p> <ul style="list-style-type: none"> <li>• GIC's</li> <li>• Bank Accounts</li> <li>• RRSP's</li> <li>• Business or business licence</li> <li>• Real estate such as house, land, cottage, mobile home or farm</li> </ul>
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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

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Details:

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**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:

## **RESIDENCE for SENIORS APPLICATION FORM**

**These services are included with admission to the Residence:**

- Safe environment
- Meals provided
- Social contacts
- Activity Programs
- 24/7 surveillance
- Medication monitoring
- Housekeeping/cleaning

**SPECIAL NOTE:**

**If you have further Support Needs such as:**

- Support doing laundry
- Rising & retiring care
- Mobility issues
- Support with bathing/hygiene
- 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.

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**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

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**Please forward the completed application to:**  
**Program Supervisor, Seniors Community Support Programs**  
**Wendat Community Programs**  
**44 Dufferin St. Penetanguishene ON L9M 1H4**  
**FAX: (705) 355-1026**  
**Monday to Friday 9AM - 5PM at 705-355-1022 Ext: 226**  
**[www.wendatprograms.com](http://www.wendatprograms.com)**