

APPLICATION FOR RESIDENCE

Please check the name of the community you are interested in applying for:

- _____ Points West Living Heritage House Vegreville, AB
- _____ Points West Living Grande Prairie, Grande Prairie, AB
- _____ The Residence at Points West, Grande Prairie, AB
- _____ Points West Living Wainwright, AB
- _____ Points West Living Lloydminster, AB
- _____ Points West Living Cold Lake, Cold Lake, AB
- _____ Points West Living Stettler, Stettler, AB
- _____ Points West Living Peace River, Peace River, AB
- _____ Points West Living Red Deer, Red Deer, AB
- _____ Points West Living Slave Lake, Slave Lake, AB
- _____ Points West Living Cochrane, Cochrane, AB
- _____ Points West Living Lac La Biche, Lac La Biche, AB
- _____ Points West Living Wetaskiwin, Wetaskiwin, AB

Type of Accommodation Desired:

***** Please note for Supportive Living (SL) suites an assessment for placement must be completed by Alberta Health Services Home Care.**

Independent Living Suite Preference : Studio 1 Bedroom 2 Bedroom (depending on community)

Name (in full) 1. _____ DOB (M/D/Y) _____

Name (in full) 2. _____ DOB (M/D/Y) _____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____

Emergency Contact Name: _____ Phone: _____

Relationship of Emergency Contact Person to Yourself: _____

Next of Kin (name): _____ Phone: _____

Full Address of Next of Kin: _____

Name of Your Current Physician: _____ Phone: _____

Health Care Number: _____

Do you presently receive Home Care? Yes No

Do you require any mobility assistance/aids? Cane Walker Wheelchair Transfer Assistance

Are you able to administer your own medication? Yes No

Are you able to dress yourself? Yes No

Are you able to prepare meals for yourself? Yes No

Do you have any special dietary needs? Yes No If yes, please specify: _____

Are you able to do your own laundry? Yes No

Hobbies and Interests: _____

References (no relatives please):

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

I would like to receive Points West Living news by email. Email address: _____

I/we hereby certify that the forgoing is a true and correct statement regarding myself/ourselves and the particulars thereof.

Points West Living may disclose this information about me/us if it is deemed to be required by law. I/we agree that the information received on this Application may be retained by Points West Living.

1. Signature: _____ Date: _____

2. Signature: _____ Date: _____

Please Submit via:

Fax 780-451-0499 Or

Email info@pointswestliving.com