

### 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 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](mailto:info@pointswestliving.com)