



40 Old Kingston Road, Scarborough, ON M1E 3J5

APPLICATION TO RETIREMENT HOME

Date of application: _____

Single occupancy:
Double occupancy:

Surname _____ First Name _____

Date of Birth (dd/mm/yyyy) _____ Age _____ Marital Status _____

Present Address _____

City _____ Postal Code _____ Citizenship _____

Telephone _____ SIN _____

Email _____ Email (Next of Kin) _____

Ontario Health Card Number _____ Religion _____

Physician Name _____ Telephone _____
Fax _____

Are you on a special diet? Yes No
If yes, please specify:

INCOME INFORMATION: Please list all sources of income	
Source of income	Income per month

Bank and branch name _____

Power of Attorney, name and relation _____

Testament Executor _____ Telephone _____
_____ will be handling finances Telephone _____

In case of emergency, notify _____ Telephone _____





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Closest Relatives

Relative 1: _____ Telephone _____

Address _____

City _____ Postal Code _____

Relative 2: _____ Telephone _____

Address _____

City _____ Postal Code _____

The Ehatare Retirement Home cannot be held responsible for articles or cash not placed with the Management for safekeeping.

In case of deteriorating health, when more appropriate care becomes necessary, I am willing to transfer to a Nursing Home or other health facility. The need for a transfer will be decided by Ehatare’s Medical Director.

The resident’s sponsor is responsible for all charges, applications and for the transfer of the resident. Residents who require additional care while in Ehatare Retirement Home will be charged extra.

Applicant

Responsible Sponsor

