



Massawippi Christian Retirement Homes Application for Residency

(check one or both)

Grace Christian Home

1501, rue Campbell
Sherbrooke, QC J1M 0C1
Tel: (819) 569-0546
Fax: (819) 569-3829

Connaught Home

77 Main Street,
North Hatley, QC J0B 2C0
Tel: (819) 842-2164
Fax: (819) 842-2667

We thank you for your interest in Massawippi Christian Retirement Homes. It is our sincere desire to provide a home environment in which our Residents can experience excellent health care, good Christian fellowship, and the love of family and friends. Please complete and return this application form in order to be considered for residency.

Name of Applicant:		
Last name	First name	Last name at birth
Title: <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/>		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Other (specify):		
Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify):		
Current Postal Address of Applicant including Postal Code:		
Date of Birth:	Place of Birth:	
Social Insurance Number:	Quebec Medicare Number:	
Telephone Number:	Medicare Expiry date:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married (if married, give spouse's year of birth):		

Previous occupation or profession:	
Comment on hobbies or interests which may assist us in providing the best possible care and stimulation for this applicant:	
Name of Applicant's Spouse: First Last (at birth)	
Name of Applicant's Father: First Last	
Name of Applicant's Mother: First Last (at birth)	
Name of Applicant's Doctor: First Last	
Dr.'s Telephone:	Date last seen by Doctor
Provisions in case of death (Funeral Home):	
Primary Contact Person (individual to contact in case of emergency)	Name: Address: City: Postal Code: Telephone: E-mail address: Relationship to Applicant:
Power of Attorney (if any) (Please attach a copy of Power of Attorney document)	<input type="checkbox"/> Same as Primary Contact Person Name: Address: City: Postal Code: Telephone: E-mail address: Relationship to Applicant:

<p>Legal Mandatary (if any)</p> <p>(Please attach a copy of Legal Mandate)</p>	<p><input type="checkbox"/> Same as Primary Contact Person</p> <p>Name: Address: City: Postal Code:</p> <p>Telephone: E-mail address: Relationship to Applicant:</p>	
<p>Other Person to contact (if any)</p>	<p>Name: Address: City: Postal Code:</p> <p>Telephone: E-mail address: Relationship to Applicant:</p>	
<p>Send All Correspondence to: (select one)</p> <p><input type="checkbox"/> Applicant</p> <p><input type="checkbox"/> Primary Contact Person</p> <p><input type="checkbox"/> Power of Attorney</p> <p><input type="checkbox"/> Legal Mandatary</p>	<p><i>Massawippi Christian Retirement Homes recommends that all Residents have a Power of Attorney assigned, as well as a "Mandate in case of incapacity." A Mandate is a legal document with which you may entrust another with responsibility for taking care of you or administering your property if you become incapable of doing so yourself. An information brochure on this subject is available from the Public Curator's Office.</i></p>	
<p>Additional comments or information which would be valuable in considering this application:</p>		

Applicant's Agreement

I hereby apply for residency in Massawippi Christian Retirement Homes, and in so doing,

- I understand that applications are normally accepted on a first come, first served basis when appropriate space for the applicant becomes available and further, that Massawippi Christian Retirement Homes always reserves the right to accept priority applicants at its discretion.
- I have received a copy of and agree to abide by the regulations and policies of Massawippi Christian Retirement Homes as described in the Resident's Manual, or as may hereafter be established by the Board of Directors of the Homes.
- I agree to pay the accommodation fee on the date of admission and in advance on the first of every month thereafter. I understand that rates are based upon care requirements, are subject to change and that I will be given no less than fourteen days notice of any change in rates.
- I agree to pay for all goods and services which I take advantage of within fourteen days of the date of invoicing for same.
- I agree to label all personal clothing with name tags or marker (full name, not initials). I understand that Massawippi Christian Retirement Homes are not responsible for lost items.
- I understand that Massawippi Christian Retirement Homes may *require me* to transfer from one room to another as a medical necessity or for the good administration of nursing care, at its sole discretion.
- I understand that I must give one month's notice or pay one month's accommodation fee before moving out.
- I understand that in the case of death, my estate will be charged fifteen days accommodation fee plus any outstanding amount on my account.
- Unless otherwise agreed to in writing by Massawippi Christian Retirement Homes, this agreement along with the Resident Manual constitutes the full and entire agreement between the Homes and the applicant.

Signature of Applicant or

Power of Attorney or Mandatary

Name (Please Print)

Date

(Ce document est aussi disponible en français)