

TIMBER TRAILS

Retirement Residence



Pre-Application for Residency

Thank you for your interest in residency at Timber Trails Retirement Residence. Please complete and return this application by mail to P.O. Box #780 Madoc, ON, or by email at timbertrailsliving@gmail.com Applicants personal information will be kept confidential. Upon receipt of your completed application, a member of our team will contact you and or family member for a personal interview.

General Information — Please print

First Name _____ Middle _____ Last Name _____

Social Insurance # _____

Current Address _____

Province _____ Postal Code _____ Phone _____

Birthday _____ Place of Birth _____ Gender: Male ___ Female ___

Primary Language _____ Secondary Language _____

Marital Status: Married ___ Single ___ Widow ___ Divorced ___ Separated ___

Current or former occupation _____

Is there anyone helping you with your application? If so, may we contact them? Yes ___ No ___

Name _____

Relationship _____

Address _____

Phone _____

Current Living Situation

Do you own your home or rent? Own ___ Rent ___ How many years? _____

What type of housing do you live in? Apartment ___ Single-Family ___ Multi-Family ___ Condo ___ Other ___

monthly income? C.P.P \$ _____ OAS \$ _____ other pensions \$ _____

Do you own a car? _____ Do you require a parking spot? _____

Who currently helps you at home?

How do they help you?

Do you utilize services to assist you at home? Please list service agencies and types of assistance is provided? _____

What reasons you are considering retirement residency? _____

Do you believe a social residency will be right for you? _____

Have you been convicted of any criminal offences? Yes _____ No _____

Daily Living

How do you enjoy spending your time? What hobbies do you have? _____

Please use an "X" to describe yourself in the following areas:

	Some Assistance	Full Assistance	Comments
TASK			
Preparing Meals	_____	_____	_____
Eating	_____	_____	_____
Housekeeping	_____	_____	_____
Laundry	_____	_____	_____
Bathing	_____	_____	_____
Finances	_____	_____	_____
Shopping	_____	_____	_____
Transportation	_____	_____	_____
Dressing	_____	_____	_____
Walking	_____	_____	_____

What other assistance do you feel you need? _____

What special equipment or devices do you require?

Medical Information

Physician's Name _____ Phone # (____) _____

Address _____ City _____ Province _____

Postal Code _____

What medical/health concerns should we know about?

What medications are you taking currently? _____

Do you require assistance or reminders to administer your medication(s)? Yes ___ No ___

Do you require assistance in preparing a specific diet or eating? Yes ___ No ___

(describe) _____

Do you have any allergies to foods? _____ Allergies to medications? _____

Do you smoke? Yes ___ No ___ Do you drink alcohol regularly? _____

Please list all your medical history, including past supplemental and long term care _____

Please note: A letter from your doctor is required to ensure our services & facility is suitable to your needs

I understand and agree that this application is neither a contract nor a reservation for residence. Nothing contained in this document obligates or entitles me to a unit at Timber Trails Retirement Residence until a Resident Agreement has been signed by all parties involved.

Signature of Applicant _____ Date of Application _____

Signature of Power of Attorney _____