

WESTVIEW LODGE

5427 – 52 AVENUE, ROCKY MOUNTAIN HOUSE, ALBERTA T4T 1S9

(403) 845-3588 FAX: (403) 845-2228

wvlodge@telusplanet.net

www.rockyseniors.com

APPLICATION FOR OCCUPANCY

FULL NAME _____
Surname (PLEASE PRINT) First Name

PRESENT ADDRESS _____

POSTAL CODE: _____ TELEPHONE: _____

BIRTH DATE: _____

LENGTH OF RESIDENCE IN CANADA: _____ IN ALBERTA _____
IN COUNTY _____ SPECIFY _____

NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP OF RESPONSIBLE RELATIVE OR FRIEND TO BE NOTIFIED IN CASE OF EMERGENCY.

NAME: _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE _____

NAME: _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE _____

EXECUTOR:

NAME: _____ TELEPHONE _____

ADDRESS _____

PAYMENT OF ROOM AND BOARD:

Is applicant able to meet cost of room and board from own resources, namely \$ _____ per calendar month? Yes _____ No _____

If no, state arrangements for payment of room and board, hospital, medical and other expenses

INCOME: Check any of the following that you receive:

OLD AGE SECURITY _____ GUARANTEED INCOME SUPPLEMENT _____

ALBERTA ASSURED INCOME _____ CANADA PENSION _____

ALBERTA HEALTH CARE INSURANCE NUMBER _____

ALBERTA BLUE CROSS _____

OLD AGE SECURITY _____ SOCIAL INSURANCE _____

AN UP TO DATE MEDICAL CERTIFICATE IS REQUIRED BEFORE ADMISSION.

I hereby understand and agree that special care shall not be provided in Westview Lodge and that should I require special care in the future, I shall move to a facility providing same, upon request.

IMPORTANT NOTICE TO APPLICANTS: Once your applicant has been given approval in principle, and you accept the accommodation offered, you will be provided with a lodge resident's Terms of Occupancy, which together with this Application for Occupancy shall form the basis of your occupancy at Westview Lodge.

Witness (Administration)

Signature of Applicant

Date