

Name of Sponsor(s) (List in priority order primary then secondary):

1. **Name:** _____
(First) (Last)
Address:
(Street): _____ (Apartment) _____
(City) _____ (postal code) _____
Telephone Number: (____) ____ - ____ **Cell** (____) ____ - ____
Email: _____
2. **Name:** _____
(First) (Last)
Address:
(Street): _____ (Apartment) _____
(City) _____ (postal code) _____
Telephone Number: (____) ____ - ____ **Cell** (____) ____ - ____
Email: _____
3. **Name:** _____
(First) (Last)
Address:
(Street): _____ (Apartment) _____
(City) _____ (postal code) _____
Telephone Number: (____) ____ - ____ **Cell** (____) ____ - ____
Email: _____

Power of Attorney Documents:

Do you have an up to date Financial and Personal Care Power of Attorney:

Yes ____ No ____

Do you agree to submit and allow Abbeyfield Caledon to hold copies of above documents:

Yes ____ No ____

Independence Certification:

Are you currently able to live and care for yourself independently? Yes____ No____
Yes, but require some assistance_____ (please provide details)

Have you reviewed and are willing to submit the Health and Independence Certification Document completed by you, your sponsor and your current doctor?
Yes____ No____

Current Doctor:

Name: _____
(First) (Last)

Address:
(Street): _____
(City) _____ (postal code) _____

Telephone Number: (____) ____ - _____

Email: _____

*****Application does not guarantee acceptance and in any case will require the filing of additional documents***

I certify that the information on this form is true, correct, and complete in every respect to the best of my knowledge and can be relied upon and verified by Abbeyfield Caledon I also understand that occupancy acceptance will require the submission of additional documents:

Applicant Signature: _____ **Date:** _____

Sponsor Signature*: _____ **Date:** _____

Sponsor Signature: _____ **Date:** _____

Sponsor Signature: _____ **Date:** _____

*at least one Sponsor Signature is required.

How did you become aware of Abbeyfield Caledon? Please list details below:
