



# АПЛІКАЦІЯ / APPLICATION FOR ADMISSION

3058 Winston Churchill Blvd.  
Mississauga ON L5L 3J1  
Tel: 905-820-0573 Fax: 905-820-8134  
info@ivanfrankohomes.com

ІМ'Я ТА ПРИЗВИЩЕ / FULL NAME

МОЯ АДРЕСА / MY PRESENT ADDRESS

ДАТА НАРОДЖЕННЯ / DATE OF BIRTH

МІЙ ТЕЛЕФОН / PHONE NUMBER

МІСЦЕ НАРОДЖЕННЯ / PLACE OF BIRTH

МІЙ ІМЕЙЛ / EMAIL

ПОДРУЖНИЙ СТАН / MARITAL STATUS

КОНТАКТНА ІНФОРМАЦІЯ ОПІКУНА / POA 1

NAME:

TEL:

EMAIL:

ADDRESS:

ГРОМАДЯНСТВО / CITIZENSHIP

РЕЛІГІЯ / RELIGION

КОНТАКТНА ІНФОРМАЦІЯ ОПІКУНА / POA 2

NAME:

TEL:

EMAIL:

ADDRESS:

ONTARIO HEALTH CARD #

MEDICAL INSURANCE

ОПІКА / TYPE OF CARE SERVICES REQUIRED

- ASSISTED LIVING (PKG #1)
- INDEPENDENT LIVING (PKG #2)
- PARTIAL ASSISTED LIVING (PKG #3)
- SHORT TERM STAY (PKG #4)

АПАРТАМЕНТ / ACCOMODATION DESIRED

- ASSISTED LIVING PRIVATE SUITE
- BACHELOR APARTMENT
- 1-BEDROOM APARTMENT
- 2-BEDROOM APARTMENT

Я ХОЧУ ЗАЇХАТИ / I WANT TO MOVE IN (DATE)

I understand that the Ivan Franko Home at 3058 Winston Churchill Blvd. is not a nursing home and that, if I should need more care than this Home can provide, I (or my POA) will make an application to the Ministry of Health (Ontario Health) for my transfer to the Ivan Franko Home Long Term Care Home at 767 Royal York Road or to any other long-term care home of my choice.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Name of applicant (Surname)		(given names)					
<input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker	Sex	Date of birth	Height	Weight	Ontario Health Card #	

**Section A - Assessment of General Care Needs**

<p><b>1. Skin</b> Check each question - Yes No</p> <p>(a) Ulcers <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Rash <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Bruises <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Abrasions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e) Other abnormalities <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>explain:</p>	<p><b>5. Use of limbs</b> Lefthanded <input type="checkbox"/> Righthanded <input type="checkbox"/></p> <p>Arms and hands L - R Lower limbs L - R</p> <p>(a) Normal use <input type="checkbox"/> <input type="checkbox"/> (a) Normal use <input type="checkbox"/> <input type="checkbox"/></p> <p>(b) Impaired use <input type="checkbox"/> <input type="checkbox"/> (f) Impaired use <input type="checkbox"/> <input type="checkbox"/></p> <p>(c) No use <input type="checkbox"/> <input type="checkbox"/> (g) No use <input type="checkbox"/> <input type="checkbox"/></p> <p>(d) Amputation <input type="checkbox"/> <input type="checkbox"/> (h) Amputation <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>2. Mental State</b> Check each question - Yes No</p> <p>(a) Occasional brief periods of recent memory loss and confusion <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Marked confusion and disorientation with brief periods of being alert <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) persistent confusion and disorientation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Organic brain syndrome and/or senile dementia <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e) Mental Retardation <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>6. Feeding</b> Check each question - Yes No</p> <p>(a) Feeds self <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Needs supervision <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Needs assistance <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Needs feeding <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>3. Behaviour</b> Check each question Yes No</p> <p>(a) Quiet and co-operative <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Unco-operative <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Abnormally talkative <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Emotional lability <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e) Suspicious <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(f) Noisy <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(g) Quarrelsome <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(h) Requires restraint <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>7. Dressing</b> Check each question - Yes No</p> <p>(a) Independent <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Needs supervision or assistance <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Needs to be dressed <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>4. Functional Activity</b> Check each question Yes No</p> <p>(a) Bladder control normal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Bowel control normal <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Able to speak normally <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Registered Blind person <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e) Able to read <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(f) Able to hear speech at normal level <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(g) Able to wash face and hands <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(h) Able to bathe and shower self <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(i) Able to use toilet facilities <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>8. Mobility</b> Check each question Yes No</p> <p>(a) Able to walk without help <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Requires walking aids <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Independent with wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) Requires assistance - to walk <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">- to lift in and out of a chair <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">- to move wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e) Can get in or out of bed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(f) Needs some help to get in or out of bed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(g) Needs lifting in and out of bed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(h) Needs to be turned in bed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(i) Bedridden <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Prepared by:</p> <hr/> <p>Signature _____ Date _____</p>

**Section B - Attending Physicians' Report**

<p>1. Special diet <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. P. R. N. orders <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Injections - Subcutaneous <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">- Intramuscular <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Sterile dressings <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Tube feeding or intubation <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>6. Irrigations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Indwelling catheter <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Laboratory services: - Haematology <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">- Blood chemistry <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. X-ray <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>10. Rehabilitation services: Yes No</p> <p style="padding-left: 20px;">- Physiotherapy <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">- Occupational therapy <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">- Speech therapy <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">- Vocational assessment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other specify: _____</p>
<p>If "Yes" please specify:</p>		

**Section C - Medical Assessment**

1. Medical History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Present Condition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Present Medication with Dosage: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Allergies and Drug Sensitivity: \_\_\_\_\_  
 \_\_\_\_\_

5. Diagnoses: List in spaces A, B, C, D, E, F in order of importance, the conditions that make care or treatment necessary.

	Duration		
	Wks.	Mos.	Yrs.
A			
B			
C			
D			
E			
F			

For each condition indicate your assessment in each vertical line in the Prognosis:

6. Prognosis:

(a) Little effect on life span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Improvement in 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Some deterioration in 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Probably fatal in 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Rehabilitation Potential:

(a) Independent living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Moderate - to self-care level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Present state of Disease:

(a) Stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Mildly active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Purpose of Medical Care:

(a) Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Evaluation and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Palliative therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Estimated Duration of Stay:

Weeks: \_\_\_\_\_

Months: \_\_\_\_\_

Years: \_\_\_\_\_

11. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Placement Certification:

The statements herein contained are correct to the best of my professional knowledge and in my opinion the care needs of the applicant indicate that he or she is eligible for admission to Ivan Franko Home

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

**МІСЯЧНІ ОПЛАТИ ЗА УТРИМАННЯ В ПАНСІОНІ ім. ІВАНА ФРАНКА**  
**MONTHLY COSTS OF ACCOMMODATION & CARE PACKAGES IVAN FRANKO HOME**

3058 Winston Churchill Blvd., Mississauga, ON L5L 3J1  
(effective June 1st, 2021)

**PKG. #1: Assisted Living (Приміщення з харчуванням і опікою):** Private accommodations in A/L suite (includes heating, electricity and water) with 4-pc bathroom, all meals and snacks, full weekly housekeeping services, bi-weekly laundry services, assistance with weekly bath or shower, health and medication monitoring and access to services of Medical Director/ Home Physician, 24-hour supervision and emergency response, social and recreational activity program, as needed assistance with personal hygiene, help with dressing;  
**Only available as package**.....\$3,315/mo.

**Private accommodations in A/L 2-bedroom suite**.....\$3,845/mo.  
\*For second occupant with same services add \$1,515/mo.

**PKG. #1 A:** As above but accommodations in a self-contained **bachelor apartment** with kitchenette and private balcony or patio.....\$3,460/mo.\*  
\*For second occupant with same services add \$1,475/mo.

**PKG. #1 B:** As above but with accommodations in **1-bedroom apartment**..... \$3,715/mo.\*  
\*For second occupant with same services add \$1,515/mo.

\*\_\*\_\*\_\*\_\*\_\*

**PKG. #2: Independent Apartment with 1 meal daily (Приміщення з харчуванням один раз денно):** Accommodations in a private self-contained bachelor apartment with kitchenette and private balcony or patio (includes heating, electricity and water), 4-pc bathroom, 1 meal daily in main dining room, weekly access to services of Medical Director/Home Physician, social and recreational program, 24-hour emergency response;  
**Only available as package**..... \$2,295/mo.

**PKG. #2 A:** As PKG #2 but with accommodations in **1-bedroom apartment**..... \$2,550/mo.\*  
\*For second occupant add \$650 per month

**PKG. #2 B:** As PKG. #2 but with accommodations in **2-bedroom apartment**..... \$2,780/mo.\*  
\*For second occupant add \$650 per month

\*\_\*\_\*\_\*\_\*\_\*

**PKG. #3: Partially Assisted with 2 meals daily (Приміщення з харчуванням 2 рази денно і частинною допомогою):** Accommodations in a private self-contained **bachelor apartment** with kitchenette, 4-pc bathroom and private balcony or patio (includes heating, electricity and water), 2 meals daily in main dining room, bi-weekly housekeeping service, bi-weekly laundry services, weekly access to services of Medical Director/Home Physician, social and recreational program, 24-hour emergency response;  
**Only available as package**.....\$2,910/mo.

**PKG. #3 A:** As PKG #3 but with accommodations in a **1-bedroom apartment**..... \$3,215/mo.\*  
\*For second occupant add \$1,135 per month

**PKG. #3 B:** As PKG #3 but with accommodations in **2-bedroom apartment**..... \$3,465/mo.\*  
\* For second occupant add \$1,165 per month

\*\_\*\_\*\_\*\_\*\_\*

**PKG. #4: Short Term Stay: (Короткотривалий догляд):** Accommodations and care – see PKG. #1  
**Minimum of 14 days. After 60 days of stay terms and conditions will be revised**.....\$125/day

\*\_\*\_\*\_\*\_\*\_\*

Note: For a new, updated suite or apartment with **walk-in shower**: additional charge of \$100 per month

**Note: If a resident is absent from the Home for any reason (eg. hospitalized or on vacation or family visit), there will be no refunds for missed meals or care.**

**(Note: Please initial chosen package)**

Re: Application for Admission to Ivan Franko Home, Mississauga, ON.

PLEASE NOTE:

The applicant or his/her guardian must fully complete the application form.

The applicant must submit a medical assessment completed by an accredited physician. Under no circumstances will persons be admitted to the Home with infectious diseases, open sores and unhealed wounds, indwelling catheters, or requiring the use of oxygen tanks.

The physician filling out the pre-admission medical form must certify in writing that the applicant is free from active tuberculosis or from other communicable diseases. Results of a chest X-ray and Mantoux test (done within the last 6 months) should be attached to the pre-admission medical form.

**Ivan Franko Homes**  
*for seniors of Ukrainian origin*

*767 Royal York Rd.,  
Toronto, Ontario M8Y 2T3  
Tel: 416-239-7364*

*3058 Winston Churchill Blvd.,  
Mississauga, Ontario L5L 3J1  
Tel: 905-820-0573*

Ivan Franko Homes is a charitable, not-for-profit institution, chartered in the Province of Ontario in 1957. The Ivan Franko Homes have been caring for seniors for over 50 years. For Ukrainian-speaking persons in need of a traditional environment, these institutions are practically indispensable, because they offer them the opportunity of living out their years in contentment and harmony.

Today in the beautiful and spacious Home situated on a ten-acre property in Mississauga, about 80 Ukrainian pensioners have found shelter and care, while 85 residents reside in the Royal York Road Home. Thus the Ivan Franko Homes continuously accommodate approximately 165 seniors, and the types of care provided are divided into three different categories:

- 1) minimal care in the independent apartments at the Winston Churchill Blvd. Home,
- 2) assisted living called “Supportive Housing” also at Winston Churchill Blvd., and
- 3) full care, or “Long-Term Care”, at the Royal York Rd. Home.

In addition to residential facilities and medical care, both Homes offer various leisure activities, providing a variety of recreation rooms, workshops, a library, a chapel, a museum of Ukrainian folk art, and on the grounds of the Mississauga Home there are vegetable and flower gardens, an orchard, gazebos, a fish pond, a rose garden, paved paths around and across the entire property, and much more. In order to ensure the residents’ comfort and well-being, continuous renovations and improvements of the buildings and surroundings of both Homes are required, and for this the Board and Administration of the Homes **depends on community donations.**

The residents of these Ukrainian Homes always have the opportunity to converse with their neighbours and the staff in their native language (because the Homes’ conversational language is Ukrainian), while the physical environment is aesthetically and traditionally decorated with embroidery, weaving, ceramics, etc. Most of the dishes served in the Homes’ dining rooms belong to traditional Ukrainian cuisine, to which the residents have been accustomed since childhood. The purpose of all of these efforts is to provide for the residents of the Ivan Franko Homes their native environment and a warm, traditional and cultural atmosphere, where they can feel at home.

**Пансіони ім. Івана Франка**  
**для пенсіонерів українського походження**

767 Royal York Rd.,  
Toronto, Ontario M8Y 2T3  
Tel: 416-239-7364

3058 Winston Churchill Blvd.,  
Mississauga, Ontario L5L 3J1  
Tel: 905-820-0573

Пансіони ім. Івана Франка опікуються людьми пенсійного віку вже понад 50 років. Для української людини, яка відчуває потребу традиційного середовища, це майже конечна інституція, бо дає можливість їй в щасті і спокою жити і доживати свого віку.

Сьогодні в прекрасному розлогодному Домі на десятиакровій площі в Міссісага, знаходять захист та опіку около 80 українських пенсіонерів, а в Пансіоні при Роял Йорк Ровд, що знаходиться на гарній площі оточеній річкою "Mimico Creek", майже в центрі Етобіко, мешкає 85 старших осіб. Таким чином Пансіони кожночасно опікуються около 165-ма старшими громадянами, а опіка в Пансіонах є поділена на три категорії:

- 1) мінімальна, в самовистарчальних апартаментах у Пансіоні при Вінстон Чирчил Блвд.;
- 2) більша опіка, т.зв. "Supportive Housing", також при Вінстон Чирчил Блвд., та
- 3) цілковита опіка, т. зв. "Long-Term Care", у Пансіоні при Роял Йорк Ровд.

Крім житлових приміщень та медичної опіки, до особистих вигод мешканців обох Пансіонів, доходять ще різні відпочинкові і розвагові салі, робітні, бібліотека, каплиця, музей українського народного мистецтва, а на просторій площі дому в квітники, асфальтовані стежки вздовж і довкруги площі, та багато іншого. Постійні відновлення та одобрення будинків та оточення забезпечують мешканцям Пансіонів якнайкраще й найвигідніше життя, але для цього конечно потрібна фінансова підтримка від громади. (Тому, що Пансіони ім. Івана Франка, це харитативна, неприбуткова інституція, всі пожертви на Пансіон мають право на звільнення від податку, т.зв. "income-tax deduction".)

Наші Пансіони можна назвати "клаптиком України" бо тут знаходяться, як співається в народній пісні, "і ставок, і місток і вишневий садок". Мешканці українських Пансіонів мають завжди можливість порозуміватися зі співжителями та з працівниками в своїй рідній мові (бо розговірна мова є українська), а фізичне оточення Пансіонів є естетично й традиційно прибране вишивками, килимами, керамікою і т.п. Більшість страв подаваних в їдальнях Пансіонів належить до традиційної кухні, до якої наші сеньйори звикли ще з дитинства. Ціллю всіх цих старань є дати жителям Пансіонів рідне оточення та теплу й культурну домашню атмосферу, в якій вони можуть почуватися добре, як в себе дома.

# **Ivan Franko Homes'** **Seniors' Day Program**

ДЕННА  
ПРОГРАМА ДЛЯ  
СТАРШИХ

## About

Ivan Franko Home Seniors' Day Program is a great opportunity for adults 65 and older to get involved to the community by participation in Ivan Franko Home's recreational, social and therapeutic activities in an engaging environment. Ivan Franko Homes' Seniors' Day Program helps to support and relieve family caregivers who provide day-to-day care.

## Benefits

- ✓ Meet new friends & socialize
- ✓ Support to families
- ✓ Community involvement
- ✓ Mental and physical health and wellness improvement

## Services:

- ✓ A variety of cognitive, recreational and social activities
- ✓ Assistance with meal and personal care (per request, as needed)
- ✓ Hot lunch and healthy snacks
- ✓ Special diets to meet seniors' needs

## Activities:

- ✓ Chair Yoga for seniors
- ✓ Special exercises geared to prevent falls and osteoporosis
- ✓ Special events, including concerts and shows
- ✓ Holiday celebration
- ✓ Bingo, Bowling
- ✓ Art class and creative painting
- ✓ Singing
- ✓ Reading and discussion group
- ✓ SPA: massage chairs, aromatherapy, paraffin wax for hands, circulation boosters, etc.
- ✓ Dominoes and board games

## PROGRAM TIME:

MONDAY  
WEDNESDAY  
SATURDAY

9:30 – 3:00

## HOW TO APPLY:

905-820-0573

3058 Winston Churchill Blvd.,  
Mississauga, ON

## FEES FOR THE PROGRAM

Effective January 1, 2020:

- ✓ \$30 per day
- ✓ \$100 four times per month
- ✓ \$180 eight times per month

## TRANSPORTATION:

- ✓ from Toronto Islington Subway Bus Terminal, Bus #1 or #101 Express
- ✓ from Oakville GO Station bus #24
- ✓ Wheel-Trans Service – 416-393-4222