



АПЛІКАЦІЯ / APPLICATION FOR ADMISSION

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

ПОДРУЖНІЙ СТАН / MARITAL STATUS

КОНТАКТНА ІНФОРМАЦІЯ ОПІКУНА / POA 1

NAME:

TEL:

EMAIL:

ADDRESS:

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>1. Skin Check each question - Yes No</p> <p>(a) Ulcers <input type="checkbox"/> <input type="checkbox"/></p> <p>(b) Rash <input type="checkbox"/> <input type="checkbox"/></p> <p>(c) Bruises <input type="checkbox"/> <input type="checkbox"/></p> <p>(d) Abrasions <input type="checkbox"/> <input type="checkbox"/></p> <p>(e) Other abnormalities <input type="checkbox"/> <input type="checkbox"/></p> <p>explain:</p>	<p>5. Use of limbs 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"/> (e) 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>2. Mental State Check each question - Yes No</p> <p>(a) Occasional brief periods of recent memory loss and confusion <input type="checkbox"/> <input type="checkbox"/></p> <p>(b) Marked confusion and disorientation with brief periods of being alert <input type="checkbox"/> <input type="checkbox"/></p> <p>(c) persistent confusion and disorientation <input type="checkbox"/> <input type="checkbox"/></p> <p>(d) Organic brain syndrome and/or senile dementia <input type="checkbox"/> <input type="checkbox"/></p> <p>(e) Mental Retardation <input type="checkbox"/> <input type="checkbox"/></p>	<p>6. Feeding Check each question - Yes No</p> <p>(a) Feeds self <input type="checkbox"/> <input type="checkbox"/></p> <p>(b) Needs supervision <input type="checkbox"/> <input type="checkbox"/></p> <p>(c) Needs assistance <input type="checkbox"/> <input type="checkbox"/></p> <p>(d) Needs feeding <input type="checkbox"/> <input type="checkbox"/></p>
<p>3. Behaviour Check each question Yes No</p> <p>(a) Quiet and co-operative <input type="checkbox"/> <input type="checkbox"/></p> <p>(b) Unco-operative <input type="checkbox"/> <input type="checkbox"/></p> <p>(c) Abnormally talkative <input type="checkbox"/> <input type="checkbox"/></p> <p>(d) Emotional lability <input type="checkbox"/> <input type="checkbox"/></p> <p>(e) Suspicious <input type="checkbox"/> <input type="checkbox"/></p> <p>(f) Noisy <input type="checkbox"/> <input type="checkbox"/></p> <p>(g) Quarrelsome <input type="checkbox"/> <input type="checkbox"/></p> <p>(h) Requires restraint <input type="checkbox"/> <input type="checkbox"/></p>	<p>7. Dressing Check each question - Yes No</p> <p>(a) Independent <input type="checkbox"/> <input type="checkbox"/></p> <p>(b) Needs supervision or assistance <input type="checkbox"/> <input type="checkbox"/></p> <p>(c) Needs to be dressed <input type="checkbox"/> <input type="checkbox"/></p>
<p>4. Functional Activity Check each question Yes No</p> <p>(a) Bladder control normal <input type="checkbox"/> <input type="checkbox"/></p> <p>(b) Bowel control normal <input type="checkbox"/> <input type="checkbox"/></p> <p>(c) Able to speak normally <input type="checkbox"/> <input type="checkbox"/></p> <p>(d) Registered Blind person <input type="checkbox"/> <input type="checkbox"/></p> <p>(e) Able to read <input type="checkbox"/> <input type="checkbox"/></p> <p>(f) Able to hear speech at normal level <input type="checkbox"/> <input type="checkbox"/></p> <p>(g) Able to wash face and hands <input type="checkbox"/> <input type="checkbox"/></p> <p>(h) Able to bathe and shower self <input type="checkbox"/> <input type="checkbox"/></p> <p>(i) Able to use toilet facilities <input type="checkbox"/> <input type="checkbox"/></p>	<p>8. Mobility Check each question Yes No</p> <p>(a) Able to walk without help <input type="checkbox"/> <input type="checkbox"/></p> <p>(b) Requires walking aids <input type="checkbox"/> <input type="checkbox"/></p> <p>(c) Independent with wheelchair <input type="checkbox"/> <input type="checkbox"/></p> <p>(d) Requires assistance - to walk <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">- to lift in and out of a chair <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">- to move wheelchair <input type="checkbox"/> <input type="checkbox"/></p> <p>(e) Can get in or out of bed <input type="checkbox"/> <input type="checkbox"/></p> <p>(f) Needs some help to get in or out of bed <input type="checkbox"/> <input type="checkbox"/></p> <p>(g) Needs lifting in and out of bed <input type="checkbox"/> <input type="checkbox"/></p> <p>(h) Needs to be turned in bed <input type="checkbox"/> <input type="checkbox"/></p> <p>(i) Bedridden <input type="checkbox"/> <input type="checkbox"/></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"/> <input type="checkbox"/></p> <p>3. Injections - Subcutaneous <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">- Intramuscular <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Sterile dressings <input type="checkbox"/> <input type="checkbox"/></p> <p>5. Tube feeding or intubation <input type="checkbox"/> <input type="checkbox"/></p>	<p>6. Irrigations <input type="checkbox"/> <input type="checkbox"/></p> <p>7. Indwelling catheter <input type="checkbox"/> <input type="checkbox"/></p> <p>8. Laboratory services: - Haematology <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">- Blood chemistry <input type="checkbox"/> <input type="checkbox"/></p> <p>9. X-ray <input type="checkbox"/> <input type="checkbox"/></p>	<p>10. Rehabilitation services: Yes No</p> <p>- Physiotherapy <input type="checkbox"/> <input type="checkbox"/></p> <p>- Occupational therapy <input type="checkbox"/> <input type="checkbox"/></p> <p>- Speech therapy <input type="checkbox"/> <input type="checkbox"/></p> <p>- Vocational assessment <input type="checkbox"/> <input type="checkbox"/></p> <p>Other specify: <input type="checkbox"/> <input type="checkbox"/></p>
<p>If "Yes" please specify:</p>		

Schedule "A"

МІСЯЧНІ ОПЛАТИ ЗА УТРИМАННЯ В ПАНСІОНІ ім. ІВАНА ФРАНКА
PLEASE INITIAL CHOSEN PACKAGE OF MONTHLY COSTS OF ACCOMMODATION & CARE
ONLY AVAILABLE AS PACKAGE

3058 Winston Churchill Blvd., Mississauga, ON L5L 3J1
 (effective January 1st, 2026)

PKG. #1: Assisted Living (Приміщення з харчуванням та 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, bi-weekly bed change, 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;

PKG. # 1A: Accommodation in the A/L suite\$3,830/mo.

PKG. # 1B: Accommodation in the Enlarge A/L 1-bedroom suite\$4,050/mo.

PKG. # 1C: Accommodation in the Bachelor apartment\$3,995/mo.

PKG. # 1D: Accommodation in the 1-bedroom apartment \$4,270/mo.

PKG. # 1E: Accommodation in the 1.5-bedroom apartment \$4,390/mo.

PKG. # 1F: Accommodation in 2-bedroom apartment..... \$4,510/mo.

*For second occupant with same services add \$2,300/mo.

PKG. #2: Independent Living with 1 meal daily (Приміщення з харчуванням один раз денно): Accommodation 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;

PKG. # 2A: Accommodation in the Bachelor apartment..... \$2,525/mo.

PKG. # 2B: Accommodation in the 1-bedroom apartment.....\$2,805/mo.

*For second occupant add \$840 per month

PKG. # 2C: Accommodation in the 1.5-bedroom apartment\$2,935/mo.

*For second occupant add \$845 per month

PKG. # 2D: Accommodation in the 2-bedroom apartment..... \$3,055/mo.

*For second occupant add \$845 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, bi-weekly housekeeping service, bi-weekly laundry services, bi-weekly bed change, weekly access to services of Medical Director/Home Physician, social and recreational program, 24-hour emergency response;

PKG. # 3A: Accommodation in the Bachelor apartment\$3,395/mo.

PKG. # 3B: Accommodations in a 1-bedroom apartment..... \$3,720/mo.

* For second occupant add \$1795 per month

PKG. # 3C: Accommodation in the 1.5-bedroom apartment\$3,890/mo.

* For second occupant add \$1835 per month

PKG. # 3D: Accommodations in 2-bedroom apartment..... \$4,010/mo.

* For second occupant add \$1835 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.....\$140/day

Note: For a newly renovated suite or apartment additional charge of \$0.625 per sq. ft. per month or a fee of \$100 per month for units equipped with a walk-in shower (A/L suite - 400 sq. ft., Bachelor - 400 sq. ft., 1-Bedroom – 600 sq. ft., 1.5/2 – Bedrooms - 800 sq. ft.)

Additional Services

<u>Tray service</u> (delivery of meals to apartment)	\$ 4.50 per meal
<u>Extra laundry</u>	\$ 10.00 per laundry
<u>Use of a resident’s personal air conditioner</u> (extra cost of hydro)	\$ 125.00 per season
<u>Installation and removal of a resident’s personal air conditioner</u>	\$ 55.00 per season
<u>Security bracelet (rent)</u>	\$ 60.00 per month
<u>Medical bed (rent)</u>	\$ 60.00 per month
<u>Foot Care Care</u> (by Registered Chiropracist, available onsite, bi-monthly).....	\$ 40.00 per service
<u>Laboratory services</u> (by LifeLab technician every Wednesday).....	\$ 40.00 per service
<u>Medical Services</u> (by Home Attending Physician, onsite every Tuesday)	\$ paid by OHIP
<u>Physiotherapy Services</u> (onsite, by referral from doctor)	\$ paid by OHIP
<u>Hairdressing</u> (bi-weekly).....	\$ onsite, in accordance with fees set by hairdresser

Note: The above-noted price(s) are subject to increase from time to time, as permitted by applicable legislation. 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: The applicant or his/her guardian must fully complete the application form and provide most recent income statement (Notice of Assessment – NOA or other IFH Approved Proof of Income). The applicant must submit a **medical assessment** completed by an accredited physician. 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. 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.



Senior's Day Program Registration Form

Monday and Friday
9:00 am to 3:00 pm
\$30 per day includes lunch
\$16 stay for dinner

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION / ПЕРСОНАЛЬНА ІНФОРМАЦІЯ

Full Name Ім'я	<input type="text"/>		
Address Адреса	<input type="text"/>	City Місто	<input type="text"/>
Date of Birth : Дата народження	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Nationality Національність	<input type="text"/>
Email Імейл	<input type="text"/>	Home Phone Число Телефону	<input type="text"/>
OHIP #	<input type="text"/>	Cell Phone Мобільний	<input type="text"/>
Allergies Алергії	<input type="text"/>	Medical Info Медична інформація	<input type="text"/>

POA / КОНТАКТНА ІНФОРМАЦІЯ ОПІКУНА

Name	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
Name	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>

Kindly mail/email your application to:

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E: info@ivanfrankohomes.com
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