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# Український Дім для Сеньйорів ім. свв. Петра і Павла

Sts. Peter and Paul Residence  
221 Milner Avenue, Toronto, ON M1S 4P4  
[office@sppresidence.com](mailto:office@sppresidence.com)

TEL: 416-291-3900

FAX: 416-291-3918

## RETIREMENT HOME APPLICATION

DATE (DD/MM/YY)

/ /

### APPLICANT:

SURNAME   
GIVEN NAMES

SOCIAL INSURANCE NUMBER   
OLD AGE SECURITY NUMBER   
HEALTH CARD NUMBER    
EXTENDED HEALTHCARE: PROVIDER   
CERTIFICATE NUMBER

SEX  
 MALE  
 FEMALE

DATE OF BIRTH  
 / /  
(DAY / MONTH / YEAR)

CANADIAN CITIZEN     LANDED IMMIGRANT     REFUGEE

### ACCOMMODATION REQUESTED

Permanent/Ongoing     Respite

WHEELCHAIR ACCESSIBLE  
 SPECIAL REQUIREMENTS

PLEASE SPECIFY: \_\_\_\_\_  
\_\_\_\_\_

### PARKING REQUIRED:

YES  
 NO

### APPLICANT'S CURRENT ADDRESS:

STREET ADDRESS  APARTMENT   
COMMUNITY OR MUNICIPALITY  POSTAL CODE  PROVINCE  TELEPHONE NUMBER   
DATE FROM  IN CARE OF   
LANDLORD'S NAME AND ADDRESS  LANDLORD'S TELEPHONE NUMBER

### BEFORE THAT I LIVED AT:

1 STREET ADDRESS  COMMUNITY/MUNICIPALITY  DATE FROM  DATE TO   
LANDLORD'S NAME AND ADDRESS  LANDLORD'S TELEPHONE NUMBER   
2 STREET ADDRESS  COMMUNITY/MUNICIPALITY  DATE FROM  DATE TO   
LANDLORD'S NAME AND ADDRESS  LANDLORD'S TELEPHONE NUMBER

### PRESENT LIVING ARRANGEMENTS:

SELF-OWNED     RENTED, PRIVATE LANDLORD     RENTED, GOVT LANDLORD     WITH FAMILY OR FRIENDS     IN HOSPITAL OR INSTITUTION  
TYPE OF ACCOMMODATION  
 HOUSE     APARTMENT     TRAILER     ROOMS     FLAT     MONTHLY RENT

**REASONS FOR APPLYING TO STS. PETER AND PAUL RESIDENCE RETIREMENT HOME**

- Health
- Companionship & security
- Difficulty with stairs
- Overcrowding at current place of residence
- Family problems
- No longer wish to cook and look after my house
- Other (explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DO YOU HAVE ANY PARTICULAR HEALTH PROBLEMS?**

PLEASE DESCRIBE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT TYPE OF ASSISTANCE DO YOU REQUIRE ON A DAILY BASIS?**

	I CANNOT DO THIS ALONE	I ALWAYS NEED HELP	I SOMETIMES NEED HELP	I CAN DO THIS MYSELF
WALKING ALONE				
USING MY WHEELCHAIR				
TAKING MY MEDICATIONS				
BATHING				
TOILETING/INCONTINENCE				
GETTING DRESSED				
GROOMING				

DO YOU USE A WALKING AID\*?

- CANE       WALKER       WHEELCHAIR

**\*NOTE:** Due to space restrictions, we are unable to accommodate scooters at this time.

**PERSONAL PHYSICIAN**

Surname

\_\_\_\_\_

Given Names

\_\_\_\_\_

Street Address

\_\_\_\_\_

Suite No.

\_\_\_\_\_

City/Town

\_\_\_\_\_

Province

\_\_\_\_\_

Postal Code

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Area Code

\_\_\_\_\_

Telephone No.

\_\_\_\_\_

**GENERAL:**

DO YOU NEED AN INTERPRETER ?

- Yes  No

WHAT LANGUAGE DO YOU SPEAK \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

(Next of Kin, Sponsor/Nominator, Other)

1 Surname

Given Names

Street Address, City/Town, Postal Code

Relationship

Contact Information:

Home (  )

Bus. (  )

Cell (  )

email:

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

(Next of Kin, Sponsor/Nominator, Other)

2 Surname

Given Names

Street Address, City/Town, Postal Code

Relationship

Contact Information:

Home (  )

Bus. (  )

Cell (  )

email:

**POWER OF ATTORNEY (SUBSTITUTE DECISION MAKER) PERSONAL CARE<sup>1</sup>**

Surname

Given Names

Street Address, City/Town, Postal Code

Contact Information:

Home (  )

Bus. (  )

Cell (  )

email:

<sup>1</sup> Please attach a copy of the document to this application.

**POWER OF ATTORNEY (SUBSTITUTE DECISION MAKER) PROPERTY<sup>1</sup>**

Surname

Given Names

Street Address, City/Town, Postal Code

Contact Information:

Home (  )

Bus. (  )

Cell (  )

email:

<sup>1</sup> Please attach a copy of the document to this application.

**WILL AND EXECUTOR INFORMATION**

Surname of Executor of Will

Given Names

Street Address, City/Town, Postal Code

Contact Information:

Home (  )

Bus. (  )

Cell (  )

email:

**PUBLIC GUARDIAN (if applicable)**

Surname

Given Names

Street Address, City/Town, Postal Code

Contact Information:

Bus. (  )

Cell (  )

Case File Ref. #

email:

**FINANCIAL INFORMATION**

**STATEMENT OF MONTHLY INCOME**

Old Age Security		
GAINS		
Canada Pension		
Family Benefits		
Welfare Benefits		
Workman's Compensation		
D.V.A. Allowance		
Veteran's Pension		
U.S. Social Security		
Other country O.A.S.		
Private Pension	1)	
	2)	
Annuities		
Life interest in Trust or Estate		
Gross Salary		
Unemployment Insurance		
Alimony or Support		
Total		

**STATEMENT OF ASSETS**

Bank/Other Account		
Cash		
Bonds		
Certificates		
Debentures		
Value of Securities, Shares, Stocks	1)	
	2)	
	3)	
Interest in any Business		
Loans Outstanding		
Paid-Up Life Insurance		
Assets Transferred		
Mortgages Owned:		
Term of Mortgage		
Amt of Mortgage		
Rate of Interest		
Monthly Payment		
Balance Outstanding:		
Real Estate Owned:		
Value Summer Cottage		
Value Other Real Est.		
Sub-total		
Amt. Mtge Outstanding		
Net value		
TOTAL VALUE OF ASSETS		

(a)  BANK/CREDIT UNION FROM WHICH YOU WILL BE MAKING MONTHLY PAYMENTS FOR RENT AND CARE SERVICES:

NAME:

BRANCH:  TELEPHONE:

ADDRESS:

ACCOUNT NUMBER:

(b)  MY POWER OF ATTORNEY FOR PROPERTY WILL BE HANDLING MY BILLS AT STS. PETER AND PAUL RESIDENCE FROM THE FOLLOWING ACCOUNT:

NAME:

BRANCH:  TELEPHONE:

ADDRESS:

ACCOUNT NUMBER:

**DECLARATION OF THE APPLICANT**

**I declare that I am able to pay the monthly charges for the accommodation requested and that all statements and financial information provided in this application are correct and complete to the best of my knowledge. I hereby authorize you or your agent to make any enquiries you deem necessary to verify the above statements and to verify the creditworthiness of the applicant.**

**I understand that this application does not constitute an agreement on the part of Sts. Peter and Paul Residence to provide me with retirement home services and accommodation. I acknowledge that this application is the property of Sts. Peter and Paul Residence and that the information provided will be held in the strictest confidence.**

**I understand that while Retirement Home staff may help me to arrange medical appointments and to book transportation to and from these appointments, it is my responsibility to make sure that I get there. If I cannot get there alone, I must arrange for a family member, friend, or other person to accompany me.**

**I understand that the property management reserves the right to reject this application at its sole discretion.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Signature of Witness

**\*If this application is being submitted by someone on behalf of the actual applicant, is the applicant aware that this application is being submitted to Sts. Peter and Paul Residence retirement home?**

YES

NO

**Why is the applicant not submitting his/her own application?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GUARANTEE OF SUPPORT**

**If the applicant takes up residence in Sts. Peter and Paul Residence retirement home, I/we guarantee that I/we are prepared to sign the residency agreement as guarantor(s), ensuring that the applicant's accounts are paid in a timely manner, and that necessities such as shoes, clothing, and personal items are provided as needed.**

1.)

<b>Date</b>	<b>Signature of Guarantor</b>	<b>Signature of Witness</b>
Name: _____		
Address: _____		
Telephone: _____		
Relationship: <input type="checkbox"/> POA		
<input type="checkbox"/> Other: _____		

<b>Date</b>	<b>Signature of Guarantor</b>	<b>Signature of Witness</b>
Name: _____		
Address: _____		
Telephone: _____		
Relationship: <input type="checkbox"/> POA		
<input type="checkbox"/> Other: _____		

PLEASE ENSURE THAT THE FOLLOWING HAS BEEN DONE:

- 1.) All sections of the application form have been completed.
- 2.) All signatures have been provided.
- 3.) You have attached the following:
  - (a) proof of identity - photocopy of photo ID
  - (b) proof of status in Canada
    - photocopy of Citizenship/Permanent Resident or Refugee card/certificatePlease bring originals with you when you come to sign your residency agreement.  
Please note that you will be required to provide copies of your Power of Attorney documents prior to move-in, as well as confirmation of the Executor of your Will.
4. You have attached the medical assessment form completed by your doctor or have made arrangements to have it faxed to our office.

**YOU MAY DROP OFF YOUR COMPLETED APPLICATION IN PERSON AT THE RESIDENCE  
MONDAY TO FRIDAY DURING NORMAL BUSINESS HOURS, OR MAIL IT TO:**

**STS. PETER AND PAUL RESIDENCE  
221 Milner Avenue  
Toronto, ON  
M1S 4P4**

A PERSONAL INTERVIEW WITH THE POTENTIAL RESIDENT IS AN ESSENTIAL PART OF THE APPLICATION PROCESS. IF YOU ARE UNABLE TO TRAVEL TO THE RESIDENCE FOR THE INTERVIEW, ARRANGEMENTS WILL BE MADE TO VISIT YOU.