



40 Old Kingston Road
 Toronto, Ontario
 M1E 3J5
 Telephone: 416-284-0828
 Fax: 416-284-5595

APPLICATION TO RETIREMENT HOME

Date of application: _____

Single occupancy: _____

Double occupancy: _____

Surname: _____

First name: _____

Present Address: _____

City / town: _____

Postal code: _____

Telephone: () _____

Marital status: _____

Age: _____

Date of birth: / / _____

Citizenship: _____

Religion: _____

Ontario Health Card Number: _____

Social Insurance Number _____

Your Physician: _____

Telephone Number: () _____

Fax Number: () _____

Are you on a special diet? Yes ___ No ___

If yes, please specify:

INCOME INFORMATION: Please list all sources of income	
Source of income	Income per month

Name of your bank and branch: _____

Who is your power of Attorney? _____

Your testament executor: _____ Telephone Number: () _____

Who will finance maintenance: _____ Telephone Number: () _____

In case of emergency, notify: _____ Telephone Number: () _____



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Closest Relatives

Relative 1:
Address: _____ Telephone number: () _____

Relative 2:
Address: _____ Telephone number: () _____

The Ehatare Retirement Home cannot be held responsible for articles or cash not placed with the Management for safekeeping.

In case of deteriorating health, when more appropriate care becomes necessary, I am willing to transfer to a Nursing Home or other health facility. The need for a transfer will be decided by Ehatare's Medical Director. The resident's sponsor is responsible for all charges, applications and for the transfer of the resident. Residents who require additional care while in Ehatare Retirement Home will be charged extra.

Applicant: _____ Responsible Sponsor: _____