



CHALMERS LODGE

ASSISTED LIVING FOR SENIORS

1450 West 12th Avenue, Vancouver BC V6H 1M9
Tel 604 731 3178 • Fax 604 731 3140
Email info@chalmerslodge.ca • Website www.chalmerslodge.ca

Application for Residency

(This application has two pages. Please complete both pages)

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: (D) _____ (M) _____ (Y) _____ Age: _____

Care Card # _____

Doctor: _____ Phone: _____

Emergency Contact: _____

Contact Phone: _____ Relationship: _____

Power of Attorney (if applicable): _____

Phone: _____

Address: _____

Planned move date: _____ Permanent or Temporary: P or T (circle)

To check my references, I authorize the Lodge to contact the following people:

Name:

Telephone:

1. _____
2. _____
3. _____

My average monthly income is: _____

My hobbies and interests are: _____

My profession during my working life was: _____

Highest level of education: _____

Citizenship: _____ Resident of B.C. since: _____

I am applying to be accepted as a resident of Chalmers Lodge. I understand that if I am accepted I will be subject to the terms and conditions of the Residency Agreement, which I have read and understood. I further understand that I will be required to comply with the rules and regulations of Chalmers Lodge.

All information contained in this application and all other documents pertaining to residents will be kept confidential by the officers of the Chalmers Foundation and will not be released to anyone beyond Chalmers Lodge staff without express permission.

Signature of applicant: _____

Date: _____

Please contact the Lodge if there is any change in the information you have provided between the date of application and the date of occupancy.

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Office Use Only:

Date Received: _____