

**Application Form
Assisted Living at Chalmers Lodge**

Privacy Policy

Any information provided to or collected by Chalmers Lodge will be kept private. Access to your information will be limited to:

1. Chalmers Lodge employees in the service of their jobs.
2. Persons to whom you have granted access.
3. Persons authorized by the law.

You have the right to request access to the personal information in your file, and where appropriate, to have any inaccurate information corrected.

Applicant Information

Name			
Date of Birth		Age	
Address			
Home Phone		Cellphone	
Email Address			
Health Coverage	<input type="checkbox"/> I have B.C. health coverage PHN – Personal Health (Care Card) # : _____ <input type="checkbox"/> I have out of Province Health Coverage: _____ (Province)		
Applying for Which Type of Residency	<input type="checkbox"/> Temporary or Respite: 3 – 31 days <input type="checkbox"/> Short Term: 1-3 months <input type="checkbox"/> Permanent Resident: >3 months <input type="checkbox"/> Other: _____		
Estimated Move In Date		Estimated Length of Stay	

Getting to Know You

Languages	English: <input type="checkbox"/> Fluent <input type="checkbox"/> Some English <input type="checkbox"/> No English Other Languages: _____ _____
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Profession in Working Life	
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Hobbies & Interests	
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Additional Information You Would Like Us to Know	
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Case Manager

If you have a Case Manager, please provide their contact information below:

Name			
Position		Location	
Email			
Phone		Cellphone	

Substitute Decision Making

Do you have a Power of Attorney?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending
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Do you have a Representation Agreement?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending
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General Information	
Reasons why you are applying for Assisted Living:	
Reasons why you are applying to Chalmers Lodge:	
Assisted Living Requirements	<input type="checkbox"/> I understand and meet the requirements for assisted living. <input type="checkbox"/> I need more information about assisted living requirements.
How did you hear about Chalmers Lodge?	<input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Internet search <input type="checkbox"/> Chalmers Lodge signs <input type="checkbox"/> Advertisement in: _____ <input type="checkbox"/> Other: _____

Applicant's Statement

I am applying to be considered for residency at Chalmers Lodge. I understand that my acceptance is contingent on meeting the criteria for assisted living in B.C. and Chalmers Lodge. I also understand the offer of acceptance is valid for 3 months. If there is any change in the information I have provided between the date of application and the date of occupancy, I will advise the Lodge.

Applicant's Signature: _____

Date: _____