

RESIDENT APPLICATION FOR ADMISSION VERMILION VALLEY LODGE

NAME:	
Surname (please print)	Given Names
ADDRESS:	PHONE:
DATE OF BIRTH:	MARITAL STATUS
RELIGION:	PLACE OF BIRTH
ARE YOU A CANADIAN CITIZEN_	PERMANENT RESIDENT
LENGTH OF RESIDENCY IN CANA	ADA: IN ALBERTA:
IN MUNICIPALITY (VERMILION &	county of vermilion river)
ANNUAL INCOME:	(Attach supporting documentation)
PHYSICIAN:	
ALBERTA HEALTH CARE #	BLUE CROSS #
ARE ABLE TO LIVE INDEPENDEN	TLY?
REFERENCES (OTHER THAN REL	ATIVE OR PHYSICIAN)
1	
Name	Phone
2	
Name	Phone

IN CASE OF EMERGENCY -	NEXT OF KIN OR RESPONSIBLE PARTY:
1. NAME:	ADDRESS:
RELATIONSHIP:	PHONE:
EMAIL:	
2. NAME:	ADDRESS:
RELATIONSHIP:	PHONE:
3. NAME:	ADDRESS:
RELATIONSHIP:	PHONE:
WHOEVER YOU, THE RESI	MILY OR FRIENDS WHO ARE LISTED BELOW (OR DENT, HAS GIVEN YOUR KEY TO) WOULD BE ALLOWED AND BELONGINGS IN CASE OF AN EMERGENCY AND/OR
1	RELATIONSHIP
2	RELATIONSHIP
3	RELATIONSHIP
EXECUTOR OF WILL:	RELATIONSHIP
* APPLICANT MUST HAVE ELEGIBILITY FOR INDEPE	A HOMECARE ASSESSMENT DONE TO CONFIRM NDENT LIVING.
INFORMATION BETWEEN	NSENT FOR THE EXCHANGE OF PERTINENT THE LODGE AND CARE PROVIDERS (PHYSICIANS, OTHER HEALTH SERVICES) IN THE INTEREST OF RE.
* DOES APPLICANT HAVE (Copy should be provided with	A "PERSONAL DIRECTIVE"? YES NO application)
	ILY MEMBER/CONTACT PERSON THAT HAS A COPY OF
Applicant Signature	 Date

The collection, use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including, but not limited to, the Freedom of Information and Protection of Privacy Regulation (Consolidated 2006)