Queensway Place Assisted Living

APPLICATION FOR ADMISSION

799 Queensway Espanola, Ontario P5E 1R4 Phone (705)869-1420 extension 4090 Fax (705)869-2608

Queensway Place is a non-smoking facility and does not allow pets.

| Single Occupancy | Double Occupancy |
|---|--|
| Name(s) | |
| Full Address | |
| Phone Number | |
| Birth Date(s) (D/M/Y) | |
| Email address | |
| Preferred Language | |
| Alternate Contact Information | |
| Name | |
| Phone Number | |
| Email Address | |
| Relationship to the Applicant(s) | |
| Room Preference: Large (400 (Please note that this is a preference, you | Sq. ft.) Med (350 Sq. ft.) Small (256 Sq. ft.) will be offered other sized rooms if available) |
| Do you own a Vehicle? Yes | □ No □ |
| | ervices from an outside provider such as Bayshore No |
| Do you smoke? Yes No | How many alcoholic drinks/week? |

| CleaningMeal PreparaLaundry | tion |
|---|---|
| Do you require additional These services are NOT p from an outside provider. | support? rovided at Queensway Place. You will need to organize support |
| Assistance will Dressing Bathing Medication re Paying bills | |
| This should include any di | nal medical information that may be pertinent to your application. agnoses or medical conditions that may progress to requiring y not be able to provide and what stage you are at. |
| | |
| If you are a patient of the l | cement at Queensway Place, you will be placed on a waiting list. Family Health Team, prior to admission you will be contacted by Clinic Nursing Team to schedule an assessment appointment. |
| Application Date | |
| Signature of Applicant(s) | |

These are the supports provided at Queensway Place:

Please contact Angie, Queensway Place Manager, at extension 4090 if you have any questions or need to change any of your information.