

APPLICATION FOR RESIDENCY

Queens Village for Seniors – A Retirement Residence
518 Queens Avenue, London, Ontario N6B 1Y7. Tel: 519-433-4066 Fax: 519-433-0731

Name: Mr. Mrs. Miss

First Name Family Name Initial

Present Address:

No. Street Apt.#

City Province Postal Code

Telephone number

Status: Single Married Widowed Divorced

If married, name of spouse: _____

Birth Place: _____
City Province Country

Date of Birth: _____
Day Month Year

Language(s) Spoken: _____

Health Card no.: _____ **Version Code:** _____

Financial Responsibility: Self Other

If "Other" please provide us with the necessary information and instructions:

Name: Relationship:

Address: Postal Code:

Phone: Home Work Other

Comments:

Power of Attorney (if any):

Name: Relationship:

Address: Postal Code:

Phone: Home Work Other

Next of Kin or Friends:

To help us reach your loved ones for special occasions, receptions, etc. please provide us with the following:

Name: Relationship:

Address: Postal Code:

Phone: Home Work Other

Name: Relationship:

Address: Postal Code:

Phone: Home Work Other

Requested Accommodation: Single Couple

Type of Accommodations: _____

Date Accommodation Required: _____

Room Number Assigned: _____

Special Instructions: _____

Physician's Name: _____

Other Information: To help us plan appropriate activities, please complete the following: (optional)

Hobbies or Interests: _____

Club Memberships: _____

Previous Occupation: _____

Date: _____

Signature of Applicant: _____