



Owned by West Sturgeon Aging In Place Foundation

26504 SH 633
Sturgeon County, AB
T8T 1R9

Phone: (780) 418-3015
Fax: (780) 418-3056

APPLICATION FOR RESIDENCE

(1) NAME (in full) _____ DATE OF BIRTH _____
FIRST MIDDLE LAST DD/MM/YYYY

(2) NAME (in full) _____ DATE OF BIRTH _____
FIRST MIDDLE LAST DD/MM/YYYY

PRESENT ADDRESS _____ PROV _____ P.C. _____

PHONE # (_____) _____ DATE AVAILABLE TO MOVE _____

TYPE OF UNIT: Studio ____ 1 Bedroom ____ 2 Bedroom ____ (Please number order of preference as)

Do you currently live in the West Sturgeon area or are you a previous resident? Current ____ Previous ____

Do you have any connection to the West Sturgeon area and if so please describe? Yes ____ No ____

(1) CONTACT PERSON: NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ PROV. _____ P.C. _____
PHONE # HOME: (_____) _____ CELL:(_____) _____ WORK: (_____) _____

(2) CONTACT PERSON: NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ PROV. _____ P.C. _____
PHONE # HOME: (_____) _____ CELL:(_____) _____ WORK: (_____) _____

NAME OF PHYSICIAN _____ PHONE (_____) _____

Are you able to dress and care for yourself? Yes ____ No ____

Are you presently receiving Homecare? Yes ____ No ____

ALBERTA HEALTH CARE (1) _____ (2) _____

I hereby certify that the foregoing is a true and correct statement regarding myself and particulars thereof. WCH may disclose information about me/us if it believes the disclosure is required by law. I/We agree that the information so received and this application may be retained by WCH. **Signature** _____

Office Use Only:

RESIDENCY DATE OF ACCEPTANCE: _____ MANAGEMENT SIGNATURE _____

This information is collected in accordance with Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) and is used by West Country Hearth to operate its business. Personal Information is protected under FOIP.