



NORTHVIEW - ASSISTED LIVING APPLICATION

A. APPLICANT:

Name of Applicant:			
Co-Applicant Name: (if applicable)			
Telephone Number:		Home: _____	Cell: _____
Email Address:			
Present Address:		Suite _____	House number _____ City _____ Province _____ Postal code _____
Applicant's Date of Birth:		Spouse's Date of Birth(if applicable):	
Current Age: _____ Years		Current Age: _____ Years	
Marital status: (please check)	Married: ()	Living with Spouse: ()	
	Widowed: ()	Separated: ()	Single: ()
SIN (Applicant):		Driver's License # (Applicant):	
SIN (Co Applicant):		Driver's License # (Co Applicant):	
Number of Years Living in British Columbia:		Applicant: () years Spouse: () years	
Do you live 20 miles beyond the Dawson Creek City centre? Yes () No ()			
Do you have a disability? Yes () No ()			

B. HEALTH:

Medical Condition of: Applicant: () or Spouse: () List any medical conditions and/or disability and how you manage them.

Do you presently receive assistance with (please check if applicable):

- | | |
|------------------------------------------------------------------------------------------|------------------------------|
| 1. Personal care (e.g. bath assist) () | 2. Medication management () |
| 3. Meal Provision () | 4. Laundry/Linen change () |
| 5. Grocery shopping () | 6. Handling finances () |
| 7. Transportation (e.g. handidart) () | |
| 8. Mobility aids/help (e.g. recieving physiotherapy; using walker, cane, wheelchair) () | |

C. INCOME INFORMATION: (List Gross Monthly Income (before deductions) for all members of your household, from all sources).

First name	Source (i.e. employment, EI, pension, GAIN, etc.)	Gross Monthly Income(s)
1.		
2.		
3.		
4.		
5.		
Total Gross Monthly Income for Household		

D. ASSETS: (Please list current value of all assets held by you and members of your household.

Cash/Bank Balance	\$	Stocks/Bonds/ Term Deposits	\$	Value of Real Estate Owned	\$

Other (e.g. RRSP, Annuities, Mortgage held by household members) List below:

--	--	--	--

(Please do not supply copies of financial information at this time. You will be required to submit this information if you are accepted.)

DECLARATION: Please read and sign this statement.

I / We declare that the information given in this application is correct, and complete. I / We understand that it is my / our responsibility to advise, Dawson Creek Society for Community Living of any changes to the information given in this application and to provide any supporting materials required for my / our application.

Pursuant to the Freedom of Information and Protection of Privacy Act, I / We give Dawson Creek Society for Community Living my / our consent to make any inquiries that are necessary to verify the information given in this application and I / we authorize any person, corporation or society agency to release to Dawson Creek Society for Community Living any information pertinent to the assessment of my / our application.

Signature of Applicant	Date Signed
Signature of Applicant	Date Signed
Signature of Witness	Date Signed