

ROSEDALE

APPLICATION FOR RESIDENCE

10101-111 Street

Edmonton, Alberta – T5K 2W4

Phone: (780) 425-1668

Fax: (780) 428-5522

Name (in full): _____ Birthdate (M/D/Y): _____

Name (in full): _____ Birthdate (M/D/Y): _____

Present Address: _____

City: _____ Postal Code: _____

Telephone: _____ Date Available to Move: _____

Who to Notify in Case of Emergency (Name): _____

Phone: _____ Address: _____

Relationship to Yourself: _____

Next of Kin (Name): _____ Phone: _____

Relationship: _____ Address: _____

Name of Your Physician: _____ Phone: _____

Manor _____ Estates _____ Estates Special Unit _____ Park _____ Villa _____ Griesbach _____

Type of Accommodation Desired: 1 Bedroom Standard _____ 1 Bedroom Deluxe _____

1 Bedroom Grand _____ 2 Bedroom _____ 3 Bedroom (Griesbach only) _____

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

Are you presently receiving Homecare? Yes _____ No _____

Alberta Health Care Number: 1. _____ 2. _____

Hobbies and Interests: _____

I hereby certify that the foregoing is a true and correct statement regarding myself and particulars thereof.

*Rosedale Developments 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 Rosedale Developments.*

Signature: _____ Date: _____

Other: _____
