

Lakeview Lifecare Centre
46 The Queensway, Toronto, Ontario, M6R 1B6
T. 416-901-0079; T. 416-875-1956

Surname: _____

Given Name: _____

Date of Birth: _____

Health Card Number: _____

Next of Kin Phone#: _____

Emergency Contact Phone#: _____

Trustee: _____ Ph# _____

Family Doctor: _____ Ph# _____

Psychiatrist: _____ Ph# _____

Source of Income: _____

Income Amount: _____

Worker Name: _____ Worker Ph# _____

Phone #: _____

DAILY LIVING SKILLS:

Money Management: _____

Personal Care: _____

Social Skills: _____

Substance Abuse: _____

Aggressive Behaviour: _____

Sexual Behaviour: _____

Medication: _____

Physical Problems: _____

Special Diet: _____

Other Comments: _____

ACCOMODATION:

Single: YES / NO

Shared: YES / NO

Special needs: YES / NO

Extra Cost: _____

Extra costs will be paid by: _____

Name: _____

Home Address: _____

Telephone number: _____

Signature: _____

I, _____, DECLARE THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Please note that services provided at this residence are the following: 4 meals per day, weekly laundry service, supervision of medication and general housekeeping.

SIGNATURE OF APPLICANT: _____

DATE: _____

SIGNATURE OF LANDLORD: _____

DATE: _____

DATE OF ENTRY: _____

REFERRED BY: _____