



Application for Residence

ROSEDALE GRIESBACH

4480 McCrae Avenue, Edmonton T5E 0Y5

Phone: 780-377-2385

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

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

Current Address: _____

City: _____ Postal Code: _____ Email Address: _____

Telephone: _____ Date Available to Move: _____

CONTACT PERSON(S):

1) Name: _____ Email Address: _____

Current Address: _____ City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell Number: _____ Relationship: _____

2) Name: _____ Email Address: _____

Current Address: _____ City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell Number: _____ Relationship: _____

Name of Physician: _____ Phone: _____ Fax: _____

Accommodation Type: 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/>
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Are you able to dress and care for yourself? Yes No

Are you currently receiving Home Care services? Yes No

Alberta Healthcare No: 1) _____ (2) _____

Hobbies/Interests: _____

I hereby certify that the foregoing is a true and correct statement regarding me and my particulars thereof. Rosedale Seniors' Living may disclose information about me/us if it is believed the disclosure is required by law. I/We agree that the information so received and this application may be retained by Rosedale Seniors' Living.

Signature: _____ Date: _____

Other: _____

Fax application to (780) 377-2384 or Email to tammie.s@rosedaledevelopments.com