



**Application for Residence**

**ROSEDALE ST. ALBERT**

**20 Hebert Road, St. Albert T8N 3Y6 and 18 Hebert Road, St. Albert T8N 7P3**

**Phone: 780-460-1600**

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: \_\_\_\_\_

<b>Accommodation Type:</b> 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) 460-0609 or Email to [linda.t@rosedaledevelopments.com](mailto:linda.t@rosedaledevelopments.com)**