APPLICATION FORM – ASSISTED LIVING

Legion Manor Victoria

All AL accommodations are one-bedroom suites including a balcony or patio

(Sorry, no pets allowed)

South Vancouver Island Housing Society

Date Received	
Received By	

Carefully read all the information contained in this application.
To be accepted, this application must be filled out completely and signed by all applicants.

Please return applications to:

Legion Manor Victoria Attn: Applications F-100 7601 East Saanich Road Saanichton, BC V8M 0A4

Questions or changes? Phone: 250-652-3261 Email: legionrentals@legionmanorvictoria.ca

Applicant(s) details:

_____

Last Name First Name

_____

Address City Province

_____ _____

Telephone # (this will be the only number we try to reach you at) Date of Birth

2nd applicant (if applicable):

_____

Last Name First Name Date of Birth

Do you require a parking space? ☐ Yes ☐ No *($20 monthly charge if available)*

Are either applicants smokers? ☐ Yes ☐ No

Are you a Veteran or spouse of? ☐ Yes ☐ No

How did you hear about us? _____

Total monthly income: $ _____

Present Accommodation: Rent ____ Own ____

Present rent $ _____

Do you have any special dietary needs or food allergies? (if yes, please explain)

_____

_____

My/our state of health is as follows: (Excellent, very good, good, fair, poor)

1._____ 2. _____

NOTE: An applicant, on being notified of a vacancy and accepting it, is required to submit a Security Deposit of 1/2 month's rent.

Should you change your contact information on the application form and are still interested in remaining on the list for accommodation, please provide us your updated information by contacting our office.

Declaration

I/We understand that this is not a contract and does not bind either party. The foregoing information is full true and completed to the best of my/our knowledge.
I/We have no objections to discreet inquiries being made for the purpose of verification.

Signature: _____ Date: _____

Signature: _____ Date: _____

LEGION MANOR VICTORIA

Patient Medical Condition

Your patient has applied for residency at Legion Manor Victoria, an Independent Living and Assisted Living community. Please provide a brief medical synopsis of your patient to determine if our environment is suitable.

The information you provide will be kept in the strictest of confidentiality.

Patient's Name: _____

Examination Date: _____ Length of acquaintance with patient: _____

Doctor's Name: _____ Doctor's Signature: _____

Patient's present medical condition(s):

_____

_____

Does the patient require supervision with medications? ☐ Yes ☐ No

Comments: _____

Does the patient require any special dietary needs due to allergy? ☐ Yes ☐ No

List allergies: _____

Are there any physical conditions that you are aware of that may affect the patient's ability to participate in any social or physical activities? ☐ Yes ☐ No

Comments: _____

In your professional opinion, what level of support is suitable for the patient?

-Independent: Cooking and cleaning for themselves ☐ Yes ☐ No

-Independent Retirement: Meals, housekeeping, emergency monitoring ☐ Yes ☐ No

-Assisted Living: meals, housekeeping, and emergency monitoring provided, plus scheduled, routine homecare on a daily basis ☐ Yes ☐ No

The patient named above is an applicant for residency at Legion Manor Victoria and authorizes the information above to be released to Legion Manor. This information will be kept in the strictest of confidentiality by Legion Manor Victoria.

Patient's Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____