

Retirement Residences

168 Metcalfe Street, Guelph, Ontario, N1E 6W3

Phone/Fax: 519-824-8183/519-822-4835



Application for residence

(Please print)

Please complete a separate application for each person.

Applicant information

1. Name: _____ Age: _____
(Last Name) (First Name)

2. Address: _____ (Telephone Number)
(Number, Street, Apt/Unit No.)

(City/Town, Province) (Postal Code)

3. Date of Birth: _____
(Month, Day, Year)

4. Place of Birth: _____
(City/Town, Province, Country)

5. Ontario Health Card Number: _____

6. What support and/or services do you use in order to maintain your current level of independent living?

7. When do you foresee yourself moving into The Elliott Community?



8. Please specify the style of suite in which you are interested

- Studio
 One bedroom

9. Name of Power of Attorney(s);

Personal Care: _____ Financial: _____

10. Name of person(s) to be contacted in case of illness, or in case you cannot be reached;

Name: _____ Relationship: _____
 (Last Name) (First Name)

Address: _____ (Telephone Number)
 (Number, Street, Apt/Unit No.)

 (City/Town, Province) (Postal Code)

Name: _____ Relationship: _____
 (Last Name) (First Name)

Address: _____ (Telephone Number)
 (Number, Street, Apt/Unit No.)

 (City/Town, Province) (Postal Code)

11. During the last 12 months, what medication(s) have you been taking?

Name of Medication(s)	Daily Amount(s)	Reason(s) for Taking

 (Signature)

 (Date)

Every person applying for occupancy within the Elliott Community is required to provide a Medical Certificate completed by his or her personal physician within one month of expected occupancy. This application and Medical Certificate will be subject to review and final acceptance by the Elliott Community's Admission Committee. You will be formally notified of the committee's decision.

Note: Our retirement residences are smoke-free.