



BETHANY MANOR APPLICATION

Title	First Name	Last Name
Address		
City	Province	Postal Code
Phone Number	Email	
Marital Status	Religious Affiliation	

Accommodation Type	
<input type="checkbox"/>	Studio
<input type="checkbox"/>	Suite (1 bedroom plus living room)

Current Health Information	
Date of Birth	Health Card
Are you presently diagnosed with an illness/illnesses?	
Have you been medically diagnosed with Dementia?	
Do you receive Community Care Access Centre (CCAC) Support? Y N If yes - number of hours per week _____	
Do you receive private help/assistance? Y N If yes - number of hours per week _____	
Dietary Restrictions? Y N	
What is your present living status? (living alone, with a family member)	



Alternate Contact Information	
Contact Name	Relationship to Applicant
Contact Address	
Contact Phone	Email

Residents must be functionally independent and able to manage most daily tasks. Functional independence is defined as physically, mentally and emotionally able to look after one’s own personal needs and be able to interact socially with other residents.

- Functional independence includes:
 - Maintaining appropriate personal hygiene
 - Maintaining an appropriate diet
 - Getting to meals without assistance
 - Ability to maintain their suite in a safe, clean and tidy condition
 - Ability to live amicably with fellow residents
 - Willingness to follow tenancy agreement and guidelines

I understand that the Bethany Manor is not a nursing home and that, should I need more care than this facility can provide, I (or my Substitute Decision Maker) will make an application to the Local Integrated Health Network (LIHN) for my transfer to the long-term care home of my choice.

I understand that my Physician must complete the Bethany Medical Application in order to complete my application.

All information retained remains confidential as per Bethany’s privacy policy.

PLEASE NOTE

A COMPLETED AND APPROVED MANOR APPLICATION IS VALID FOR A PERIOD OF 90 DAYS ASSUMING THERE HAS NOT BEEN AN ACUTE CHANGE IN YOUR MEDICAL CONDITION DURING THIS TIME. REGARDLESS, AFTER 90 DAYS, ALL APPROVED APPLICATIONS ARE DEEMED INVALID AND A NEW APPLICATION MUST BE SUBMITTED.

APPLICANT’S SIGNATURE:

DATE:



PLEASE RETURN TO:

Heidi Giraldi CPA, CMA
Manor Sales Consultant
25 Second Street
Unionville ON L3R 2C2
Phone: (905) 477-3838 ext. 211
Fax: (905) 477-2888
heidig@bethanylodge.org

For Bethany Manor Office Use Only	
Date Received:	Status:
Applicant Contacted:	Added to Wait list:



MANOR APPLICATION PROCESS

1. Your Physician must complete the Bethany Medical Application Form. Once this application is received by Bethany Manor, our staff will review it within 5 business days. You will be contacted after the application has been reviewed.
2. When a Studio/Suite is available and is offered to you:
You will be given up to one week to accept the room offer. To accept an offer you will sign a **Resident Lease Agreement and submit payment for first and last month's rent.** If a lease agreement is not signed within a week of the offer from Bethany Manor the Studio/Suite can go to the next person on the waiting list.
3. Upon signing the Resident Lease Agreement and submitting payment, you will receive the Resident Information Package that includes additional paperwork to be completed when you move in. You are required to inform Bethany Manor of your move-in date as soon as possible. We ask that move-in occur during the work week and during business hours.

PLEASE NOTE

A COMPLETED AND APPROVED MANOR APPLICATION IS VALID FOR A PERIOD OF 90 DAYS ASSUMING THERE HAS NOT BEEN AN ACUTE CHANGE IN YOUR MEDICAL CONDITION DURING THIS TIME. REGARDLESS, AFTER 90 DAYS, ALL APPROVED APPLICATIONS ARE DEEMED INVALID AND A NEW APPLICATION MUST BE SUBMITTED.