Queensway Place Assisted Living
ADMISSION APPLICATION

799 Queensway
Espanola, Ontario P5E 1R4
Phone (705)869-1420 extension 4090
Fax (705)869-2608

Queensway Place is a non-smoking facility and does not allow pets.

Applicant(s) Information

Single Occupancy ☐	Double Occupancy ☐
Name(s)	
Full Address	
Phone Number	
Birth Date(s) (D/M/Y)	
Email address	
Preferred Language	

Alternate Contact Information

Name	
Phone Number	
Email Address	
Relationship to the Applicant(s)	

Room Preference: ☐ Large (400 Sq. ft.) ☐ Med (350 Sq. ft.) ☐ Small (256 Sq. ft.)
(Please note that this is a preference, you will be offered other sized rooms if available)

Do you own a Vehicle? Yes ☐ No ☐

Do you currently receive support services from an outside provider such as Bayshore Personal Support? Yes ☐ No ☐

Do you smoke? Yes ☐ No ☐ How many alcoholic drinks/week? _____

These are the supports provided at Queensway Place:

- Cleaning
- Meal Preparation
- Laundry

Do you require additional support?
These services are **NOT** provided at Queensway Place. You will need to organize support from an outside provider.

- ☐ Assistance with standing or Transfer to/from Wheelchair
- ☐ Assistance with walking
- ☐ Dressing
- ☐ Bathing
- ☐ Medication reminders
- ☐ Paying bills
- ☐ Other personal supports: _____

Please provide any additional medical information that may be pertinent to your application. This should include any diagnoses or medical conditions that may progress to requiring additional supports we may not be able to provide and what stage you are at.

If you are accepted for placement at Queensway Place, you will be placed on a waiting list. If you are a patient of the Family Health Team, prior to admission you will be contacted by a member of the Espanola Clinic Nursing Team to schedule an assessment appointment.

Application Date	
Signature of Applicant(s)	

Please contact Angie, Queensway Place Manager, at extension 4090 if you have any questions or need to change any of your information.