COUNTRY GARDENS

Highway #11 South
Mennonite Nursing Home Road
P.O. Box 370
Rosthern, SK S0K 3R0
Ph: (306) 232-4861
Fax: (306) 232-5611
E-mail: mark.hildebrandt@saskhealthauthority.ca

Suite you wish to be considered for:

________Small Suite (850 sq ft)

________Large Suite (1050 sq ft)

________Both

PRELIMINARY APPLICATION

Name in Full____Phone Number________________

Mailing Address____

Place of current residence______________________________________ ☐ Male ☐ Female

If length of stay less than one year, give particulars:

____From__________To____________

Date of Birth: Year_______ Month_______ Day_______ Place of Birth_______________________

Marital Status____________________ Church Affiliation________________________________

Name of Spouse__________________________Address________________________________

Name of your Doctor_______________________Address________________________________

Doctor's Phone______________________SK Health Services Number___________________

Are you now in hospital or special-care home? ☐ Yes ☐ No If yes, give name, address, and date of admission____

Name of responsible person who will act on your behalf in the event of an emergency:

____Relationship__________________

Address____Phone______________________

List all of your next of kin, addresses, and phone numbers:

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List all past major illnesses and surgeries:

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Who, if anyone, has Power of Attorney?

____Phone____________________

I hereby declare that I have completed this application form to the best of my knowledge. If accepted I will abide by the rules and regulations as set by the Board of Directors or Management. I also recognize that the Board of Directors will not be responsible in any way for any debts which I may incur.

Dated _________________Year _______________Month __________Day

_____________________________________ _______________________________________
Signature of Witness Signature of Applicant