



# Menno Place Application Form

**Active Waitlist** - For those who wish to move in the next 12 months.

**Inactive Waitlist** - For those who are not ready to move in the next 12 months. Must contact 604-851-4000 when ready to move.

**Waitlist is determined by Mennonite Benevolent Society Membership, initial application date and readiness to move.**

<b>DATE RECEIVED:</b>	
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**\*\*\*PLEASE COMPLETE ONE APPLICATION FOR EACH PERSON APPLYING TO MOVE INTO THE APARTMENTS\*\*\***

<b>First Name:</b>	<b>Are you applying with a spouse to live in Menno Apartments?</b> <input type="checkbox"/>
<b>Last Name:</b>	
<b>Address:</b>	<b>Is your spouse already in residency at Menno Home or Hospital?</b> <input type="checkbox"/>
<b>City:</b>	
<b>Province:</b>	
<b>Postal Code:</b>	<b>When will you be ready to move in?</b> <b>Now</b> <input type="checkbox"/> <b>Within 3 Months</b> <input type="checkbox"/> <b>Within 6 Months</b> <input type="checkbox"/> <b>Within 12 Months</b> <input type="checkbox"/> <b>Longer than 12 months</b> <input type="checkbox"/> (Inactive Waitlist - see above)
<b>Religion/Church (Optional):</b>	
<b>Phone Number:</b>	
<b>Birthdate: DD/MM/YYYY</b>	
<b>Age:</b>	
<b>E-mail:</b>	<b>How did you hear about Menno Place?</b>
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Marital Status:</b> Married <input type="checkbox"/> Single <input type="checkbox"/>	
Widowed <input type="checkbox"/> Divorced/Separated <input type="checkbox"/>	
<b>Check all that apply:</b>	
	Friend lives here <input type="checkbox"/>
	Newspaper <input type="checkbox"/>
	Open House <input type="checkbox"/>
	Internet <input type="checkbox"/>

**Which buildings are you applying for? Check all that apply:**

Independent Living	Assisted Living
Pavilion <input type="checkbox"/>	
Terrace West <input type="checkbox"/>	Terrace East 1 Bedroom (Assisted Living) <input type="checkbox"/>
Primrose Gardens 1 Bedroom <input type="checkbox"/>	Terrace East 2 Bedroom (Assisted Living) <input type="checkbox"/>
Primrose Gardens 2 Bedroom <input type="checkbox"/>	

PRIMARY CONTACT	ALTERNATE CONTACT
First Name:	First Name:
Last Name:	Last Name:
Relationship to Applicant:	Relationship to Applicant:
Phone Number:	Phone Number:
E-mail:	E-mail:
Address:	

### GENERAL INFORMATION

The information you are providing is your current status at the time of application. You will be asked to update this information when a living unit becomes available and is offered to you.

Current Living Arrangements:	Transportation:
Own your own home <input type="checkbox"/>	Drive Own Vehicle <input type="checkbox"/>
Apartment or Condominium <input type="checkbox"/>	Rely on Others for Transportation <input type="checkbox"/>
Living with Family or Others <input type="checkbox"/>	Use Public Transportation <input type="checkbox"/>
Supportive Housing Facility <input type="checkbox"/>	Use Electric Wheelchair/Scooter <input type="checkbox"/>
General Health from Your Perspective:	Personal Mobility:
Excellent <input type="checkbox"/>	Independent <input type="checkbox"/>
Good <input type="checkbox"/>	Independent with Cane <input type="checkbox"/>
Fair <input type="checkbox"/>	Independent with Walker <input type="checkbox"/>
Poor <input type="checkbox"/>	Rely on Wheelchair/Scooter <input type="checkbox"/>
Are you able to manage stairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the past 6 months, have you experienced a fall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the past 6 months, have you experienced confusion or become lost on a walk or outing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you sometimes forget to take your medications?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you enjoy attending group social events?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**It is understood and agreed that:**

1.	The Apartments considers all information that you provide as confidential and will use it only for purposes of this application.
2.	This application does not obligate you or the Apartments in any way.
3.	If you are being considered for residency, the Apartments may request medical and financial information, if required.
4.	A thorough review of information in this application along with updates in your health status, and an interview, will precede a final decision regarding residency.
5.	This application may be disqualified if it is found to contain inaccurate or false information.

SIGNING DATE: .....

APPLICANT: .....

WITNESS: .....

**Mennonite Benevolent Society Information**

Membership eligibility in the Mennonite Benevolent Society (MBS) requires that you are active participant in any Mennonite Church congregation in British Columbia.

For more information about applying for an MBS membership, please contact the Menno Place Executive Assistant at:

**Phone: (604) 859 - 7631, extension 232**

**Fax: (604) 859 - 6931**

For more information about the Apartments at Menno Place, please contact Reception at:

**Phone: (604) 851 - 4000**

**E-mail: [connect@mennoplace.ca](mailto:connect@mennoplace.ca)**

Or, go to our website at [www.mennoplace.ca](http://www.mennoplace.ca)