

***LAKEVIEW LODGE (PERSONAL CARE HOME)***

P.O. Box 815

Fort Qu'Appelle, SK SOG 1S0

Telephone: (306) 332-2588

Fax: (306) 332-4439

***RESIDENT APPLICATION***

**Name:** \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Band (if applicable):** \_\_\_\_\_

**Treaty Number (if applicable):** \_\_\_\_\_

**Health Services Plan Number:** \_\_\_\_\_

**Social Insurance Number:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Doctor's Address/Telephone Number:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Food Likes:** \_\_\_\_\_

\_\_\_\_\_

**Food Dislikes:** \_\_\_\_\_

\_\_\_\_\_

**Monthly Income: (Sources & Amounts):** \_\_\_\_\_

\_\_\_\_\_

**Prior Residency History {list last three places}: (When, Where, on/off reserve?)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONAL IDIOSYNCRACIES

Current Medical Problems:

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Current Medications:

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Current Treatments:

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Other Information we should know:

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NEXT OF KIN (*CONTACT/SUPPORTER* INFORMATION)

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT SIGNATURE**  
(Next of Kin or Resident)

\_\_\_\_\_  
**DATE**