



# NORMANDY LIVING

## Application form for residency

### ***Eligibility Criteria***

The following is a list of the eligibility criteria and services included in Normandy Living.

In addition to the general eligibility criteria for home care services ([YG Home Care Services](#)), to be eligible for Normandy living, you must:

- require both hospitality services and some personal homemaking services;
- be able to make decisions on your own behalf that will allow you to function safely in a supportive living residence, or have a spouse who is going to live with you and is willing and able to make decisions on your behalf;
- have agreed to pay the assessed client rate and any additional charges for services, programs or supplies that are not included as a benefit but are offered by the service provider.
- are a citizen of Canada or are lawfully admitted to Canada for permanent residence
- are 60 years of age or older\*

\*For information on exceptions to eligibility criteria, contact our Executive Director

### ***Services included in Normandy Living***

- a private housing unit with a lockable door;
- three nutritious meals per day, one of which is the main meal;
- access to activity programming such as games, music and crafts;
- weekly housekeeping;
- laundering of towels and linen;
- access to laundry equipment for personal laundry;
- heating or cooling as necessary to maintain the safety and basic comfort level of the residence;  
and
- a 24-hour staffing in case of emergency

### ***Please note:***

Personal care services, which may include assistance with tasks like bathing, grooming, dressing and mobility or similar tasks, will only be available through government-offered services, all booked by the residents or a designate and will not be offered by the staff of Normandy.

PERSONAL INFORMATION		
Last Name:	Middle Name	First Name
Current Address:		
City:	Province/Territory:	Postal Code:
Email Address:		
Date of Birth: (yyyy/mm/dd)	Phone:	
CO-APPLICANT INFORMATION		
Last Name:	Middle Name:	First Name:
Current Address:		
City:	Province/Territory:	Postal Code:
Email Address:		
Date of Birth: (yyyy/mm/dd)	Phone:	
ALTERNATE CONTACT		
Last Name:	First Name:	
Relationship:	Phone:	
Email Address:	Organization:	

CURRENT ACCOMODATION

Own

Rent:

Length of time at this address:

LANDLORD INFORMATION

Name:

Phone:

Type of accommodation:

REASONS FOR MOVING

Your reason for wanting/needing to move:

Have you received an eviction notice?

Yes  No

If yes, the reason for eviction:

READINESS TO MOVE

Are you ready to move?

Yes  No

When?

Immediately  Within 60 days  Greater than 60 days

**ADDITIONAL INFORMATION**

Do you have a vehicle?

Yes  No

Do you have a pet?

Yes  No

Do you currently use Yukon Government Home Care Services?

Yes  No

Are you independent with mobility?

Yes  No

If NO, please explain?

Are you independent with eating?

Yes  No

If NO, please explain?

Are you independent with dressing?

Yes  No

If NO, please explain?

**DIETARY INFORMATION**

Do you have any food allergies or intolerances?

Do you have any special needs or concerns?

### EMERGENCY CONTACT

Name:

Phone:

Relationship:

### ADDITIONAL COMMENTS

Do you have anything additional you would like to share with us?