## Supportive Housing/Supports for Daily Living (SDL) Application Form

Name			Phone Number
Address			Date
Check all that apply to you:	Υ	N	How much help do you need, and who helps you now?
Are you able to direct your own care?			
Do you have family/caregiver/friend/group that assists you in any other areas of care or support?			If yes, please specify:
Are you accessing other services i.e.Links2Care, Meals on Wheels, Emergency Response System, CNIB etc?			If yes, please specify:
Do you have a visiting nurse, physiotherapist, occupational therapist or other professional?			If yes, please specify:
			What is the purpose of their visits?
Assistance with a shower?			
Help with daily activities. For example: getting in or out of bed, toileting			If yes, please specify:
Getting dressed and undressed			
Being reminded to take your medicine			
Making meals: for example: meal preparation, grocery shopping, operating your stove, etc			If yes, please specify:
Do you use a walker?			Inside Your Home   Outside Your Home   Both
Do you use a wheelchair?			Inside Your Home  Outside Your Home  Both
Do you use a scooter?			Inside Your Home  Outside Your Home Both
Do you sometimes fall?			Do you know the reason/s for your fall?
Do you sometimes feel isolated, lonely or afraid?			If yes, please specify:
Do you need 24 hour attendant care?			What care do you need during the hours of 8:00pm and 8:00 am?
Do you have other areas of need?			If yes, please specify:
I am only interested in properties where Support	ive F	lousi	ng/SDL services are provided:  Yes No
Over the past year how many days have you be	en ho	ospita	alized?

## Seniors Supportive Housing (SSH) /Supports for Daily Living \*\*



Please check off the locations to which you would like to apply.



Evening
24/7
& Early rening
24/7
24/7
24/7
Service de
s of Care
Evening
24/7
24/7