



AMY McCLURE HOUSE

c/o McClure Place Association Inc.
1825 McKercher Drive
Saskatoon, Saskatchewan
S7H 5N5

Telephone: 306-955-7677 Ext: 240

Facsimile: 306-665-0015

E-mail: amyshouse@mcclureplace.ca

Website: www.mcclureplace.ca

Thank you for your interest in Amy McClure House, our intermediate care home. Amy McClure House is situated at the corner of Taylor Street and Heritage Way. As of January 1, 2019, the monthly fee for single occupancy is \$3567.00; Double occupancy is \$5610.00.

The care needs of applicants will be assessed by designated staff when a room is available and presented to an Admissions Committee. Admission decisions are made by the Admissions Committee.

If after reading through our brochure, you have any questions with reference to Amy McClure House, please call the office at 306-955-7677 Ext: 240.

Thank you for your interest in Amy McClure House.



Amy McClure House

292 Heritage Way Saskatoon SK S7H 5T4
Phone: 306-955-7677 Ext: 240 Fax: 306-665-0015
Email: amyshouse@mcclureplace.ca Website: www.mcclureplace.ca

Application

(Last Name) (First Name) (Middle Name)
Mr. Mrs. Miss Ms. Date of Birth: _____ (m/d/yr)

(Street or Box No.) (Town or City)

(Province) (Postal Code) Phone #: () _____

Please indicate if you would like all correspondence to be directed **ONLY** to alternate contacts.

Please provide the following information for 3 relatives or friends we may use as alternate contacts. The financial supporter is the designated person (usually a family member) who would be responsible for financial arrangements and payments to Amy McClure House if resident is unable to do so.

SUPPORTER #1

Name: _____ Address: _____

Relationship: _____
(City, Province, Postal Code)
I have Power of Attorney Phone _____ Phone _____

SUPPORTER #2

Name: _____ Address: _____

Relationship: _____
(City, Province, Postal Code)
I have Power of Attorney Phone _____ Phone _____

FINANCIAL SUPPORTER

Name: _____ Address: _____

Relationship: _____
(City, Province, Postal Code)
I have Power of Attorney Phone _____ Phone _____

List any community programs or services that you currently receive – such as Home Care, bathing, adult day centre, Meals on Wheels, etc.

Please list any physical disabilities you currently have:

Briefly describe your reason for wanting to live at Amy McClure House.

DECLARATION

I understand this application does not constitute an agreement on the part of Amy McClure House or its representatives to provide me with accommodation.

I hereby authorize Amy McClure House to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall cancel further consideration of my application.

I acknowledge that McClure Place Association has a policy regarding smoking and that I fully understand that Amy McClure House is a non-smoking facility.

I acknowledge that this application becomes the property of McClure Place Association upon delivery by me to it or its agent.

I hereby declare the information provided on this application is true, correct, and complete.

Dated at _____
(City)

This _____ Day of _____, 2_____

(Signature of Applicant)

and/or

(Signature of Supporter)

ALL INFORMATION PROVIDED WILL BE CONSIDERED CONFIDENTIAL

Please return to:

**McClure Place Association Inc.
1825 McKercher Drive
Saskatoon SK S7H 5N5**