

**EATONIA OASIS LIVING APPLICATION FORM**

**P.O. Box 217, Eatonia, SK S0L 0Y0**

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**www.eatoniaoasisliving.com**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**SASK HEALTH NO.:** \_\_\_\_\_

**NEXT OF KIN** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_

**WORK PHONE #** \_\_\_\_\_

**NEXT OF KIN** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_

**WORK PHONE #** \_\_\_\_\_

**ROOM PREFERENCE (IF AVAILABLE)      SHARE \_\_\_\_\_ PRIVATE \_\_\_\_\_**

**PERMANENT RESIDENCY \_\_\_\_\_      RESPITE RESIDENCY \_\_\_\_\_**

**A CLIENT CARE COORDINATOR WILL ASSESS EVERY APPLICANT. A FAMILY MEMBER MAY BE PRESENT DURING THIS ASSESSMENT. THIS ASSESSMENT WILL DETERMINE THE NEEDS OF THE CLIENT AND CARE REQUIRED. THE MONTHLY CHARGES WILL BE DETERMINED FROM THIS ASSESSMENT.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR SUPPORTER

\_\_\_\_\_  
DATE