

## 1. Give personal information

First Name \_\_\_\_\_ Middle name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_ Last name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's name and address, if applicable: \_\_\_\_\_ Phone: \_\_\_\_\_

Now residing or patient at: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SIN: \_\_\_\_\_ Health card number: \_\_\_\_\_ Marital status: \_\_\_\_\_

Name of Spouse/partner: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this person a: Veteran?  Yes  No Service Number \_\_\_\_\_ Member of Assembly of First Nations?  Yes  No

Did this person attend an Indian Residential School?  Yes  No Years of Attendance \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

## 2. Who is making personal care decisions for this person? Self Substitute Decision-maker (SDM)

Name of SDM, if applicable \_\_\_\_\_ Phone number: \_\_\_\_\_

If applicable, date of admission to nursing home: \_\_\_\_\_ Who made the decision to place in nursing home?  Self  SDM

If still living in the community, is there a housekeeper or care giver?  Yes  No If yes, name \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

## 3. Does this person have any known relatives? Yes No

Name of Nearest Relative \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Child, if applicable: \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Child, if applicable: \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of other family member or other informant: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

*If there are additional children, please attach the relevant information to this questionnaire.*

#### 4. Give information about the person's financial situation

##### Income and Expenses

MONTHLY INCOME	AMOUNT	EXPENSES	COMPANY AND ACCOUNT NUMBER	OUTSTANDING BALANCE
Canada Pension Plan	\$ _____	Rent	_____	\$ _____
Old Age Security	\$ _____	Fuel	_____	\$ _____
Social Assistance	\$ _____	Electricity	_____	\$ _____
Veterans Affairs	\$ _____	Telephone	_____	\$ _____
Investments	\$ _____	Cable	_____	\$ _____
Superannuation	\$ _____	Other	_____	\$ _____
Other	\$ _____	Other	_____	\$ _____

##### Real Property/Land

PROPERTY	ADDRESS:	ESTIMATED VALUE
Residence	_____	\$ _____
Other	_____	\$ _____

##### Personal Property

PROPERTY	ESTIMATED VALUE
Household furniture and personal effects (list): _____	\$ _____
Motor vehicle make & model: _____ Location: _____	\$ _____
Motor vehicle make & model: _____ Location: _____	\$ _____
Bank Account # 1 _____ Location: _____	\$ _____
Bank Account # 2 _____ Location: _____	\$ _____
Safe Deposit Box Number: _____ Location: _____	\$ _____
Stocks, bonds, debentures: _____	\$ _____
Business Assets: _____	\$ _____
Life Insurance: _____	\$ _____
Prepaid funeral: <input type="checkbox"/> Yes <input type="checkbox"/> No Funeral Home: _____ Burial Plot <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____	
Last Will & Testament: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Name & address of Person holding Will: _____	

##### Debt

DEBT	ACCOUNT NUMBER	OUTSTANDING BALANCE
Mortgage	_____	\$ _____
Credit card	_____	\$ _____
Other	_____	\$ _____

##### Additional information (attach a separate sheet if required)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### 5. Completed by

Name (print) \_\_\_\_\_ Relationship to person: \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_