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**NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**SPOUSE:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

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*Continued on back*

I/we submit this application in consideration of my/our tenancy in Tabor Manor.  
I/We understand that upon its acceptance, this application will take its place on a “Chronological Waiting List” for the type of accommodation applied for, and that upon notice, I/we will have the option of entering into a Lease Agreement or defer acceptance, in which event the application will again assume its place on the “Chronological Waiting List”.

The foregoing notwithstanding, Tabor Manor retains the right for sufficient cause and at its discretion, to prioritize the Chronological Waiting List on criteria other than date of application. Also, first right of refusal for any accommodation is at the option of person’s already residing within Tabor Manor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*The rates indicated are in effect for the year 2014 and are subject to change annually by Board approval.*

### **SUPPORTIVE HOUSING PROGRAM**

Are you currently receiving services from the Community Care Access Center (CCAC)?

YES ☐

NO ☐

If yes, please sign the Release of Information & Consent for Assessment statement below.

I do hereby give consent to the staff and service providers of Tabor Manor, CCAC and other Health Care Providers to release/obtain such facts about the care and status of \_\_\_\_\_ as are deemed necessary for the Supportive Housing Program to provide services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- *Personal information requested by Supportive Housing Services is collected for purposes of provision of services under the Long Term Care Act, 1994 and will be requested only at time of acceptance of admission.*

**TABOR MANOR IS A SMOKE AND ANIMAL FREE HOME**