

# The Palisades

514 23<sup>rd</sup> St. E. Saskatoon, SK. S7K 0J8  
Ph: (306) 664-6163 frontoffice@thepalisades.ca

**Application for Enriched Living Residence:** **Date:** \_\_\_\_\_

Studio  1 Bedroom  2 Bedroom

Specific Preferences: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Single

Widowed

Married Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (W) \_\_\_\_\_

**Describe any significant physical health issues:**

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**Describe any memory loss concerns:**

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What activities of daily living are you able to perform:

Housekeeping  Cooking  Laundry  Banking  Shopping  Medications  Bathing

If you are unable to perform any of the above, do you currently receive assistance?  Yes  No

If you answered yes, who assists you?  Family  Home Care

**Where did you hear about The Palisades?** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_

**Please forward Application with \$100 Deposit to:**

The Palisades  
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