DOMINICA INFIRMARY
(Home for the Aged)

P.O.Box 767, Roseau, Commonwealth of Dominica, West Indies

Tel. No: 448-2636 316-7480 E-Mail: dominicainfirmary@gmail.com

Dominica Infirmary Residents' Entry/Application Form

A. Are you applying for:

1. Permanent residential care Yes ☐ No ☐
2. Day Care Yes ☐ No ☐

B. Please, complete the following information

3. Name: ……………………………….

4. Gender: Male ☐ Female ☐

5. Date of Birth: / /
   Marital Status: ☐Married ☐Single ☐Divorced

6. Home Address: …………………………………. Nationality: ……………………..

7. What is your denomination? …………………………

   Name of your Priest/Pastor: …………………………………………….

C. **Detail of your representative**

8. Name: ……………………………………………………….

   Relationship to applicant: ………………………………….

9. Address: ………………………………….. Tel: ………………………………..

10. Contact numbers:

    Private: …………………………… Place of work: ……………………………

11. Email address: ……………………………………………………………….

D. Financial status

12. Are you receiving Social Security? Yes ☐ No ☐
    How much monthly? $..

13. Are you receiving Pension? Yes ☐ No ☐
    How much monthly? $..

E. Financial contribution to the Infirmary (*Choose one or more of the following, as applicable)*

14. I agree to give .... of my Social Security to the Infirmary

15. I agree to give .... of my Pension benefit to the Infirmary

16. I agree to give $.. of financial contribution to the Infirmary

17. I agree to give a monthly contribution of $... For the burial of my relative/dependent

18. Responsible for burial ....

F. General

19. Please indicate if you have any religious or cultural requirements

    ....

    ....

20. Do you have any specific dietary needs? Yes ☐ No ☐

    Specify ....

21. Have you ever been hospitalized? Yes ☐ No ☐

If yes, when? ....

22. Please, indicate your present medical history

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

23. What is your current medication?

………………………………………………………………………………………

24. Have you ever been convicted of a crime? Yes ☐ No ☐

If yes, please explain ....

25. Were you a member of any Organization? Yes ☐ No ☐

If yes, name ....

26. **My responsibility as Residents' representative**

I .... agree to visit .... (Resident) regularly and supply toiletries, facilitate weekend passes (when possible) and be responsible for medical and other expenses (such as burial).

Name of Resident: ....
Date of Entry

....
Name of Resident's Representative Date

X ______________________________

Resident's Representative

....
Name of Chair of Infirmary Board of Directors Date

X ______________________________

Chair of Infirmary Board of Directors