



Bharat Bhavan Foundation

Senior's Hostel

APPLICATION FORM & Information Kit

**Honoring Our Elders
A Secular Charitable Organization**

Operated by the Bharat Bhavan Foundation
4225 Notre Dame West, Montreal, Quebec, H4C 1R4, Canada Tel: (514) 904-1675 Fax: (514) 904-2508
www.bharatbhavanfoundation.org



Bharat Bhavan Foundation

Senior's Hostel

Our Vision

Our vision is to become an innovator and leader in senior's residences managed by non profit organizations and to meet the residential, social, cultural, emotional, health, and medical needs of our seniors under one roof!

Our pledge

We pledge to promote secular family values and encourage our seniors to live with dignity and respect of each other in a caring, autonomous and community oriented facility.

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What We Offer You:



**Bharat Bhavan
Foundation**

Included

Furnished room with a small fridge
Three meals per day
Heat, Hydro, Water
Secure entrances
Emergency call system in each unit
Fire detection system
Automatic sprinkler system
Mail delivery in personal mailbox
Convenient elevator
Lounges with Internet and TV
Laundry facilities
Phone & cable connections
Small in house Library
Social and recreational opportunities

Optional

Housekeeping
Linens for Daily or weekly visitors
Recreational activities
Meals for visitors/guests
Canteen
Outings (medical, recreational etc)
Laundry

Rates for Rooms with meals: July 1, 2009

Room	Single occupancy (\$)	Double Occupancy (each) (\$)
Monthly	1250	850
Weekly	400	300
Daily	65	45

Other Charges:

Item	Price (\$)
Dinner	10
Lunch	5
Breakfast	3
Housekeeping (Weekly)	50
Linens	10
Recreational activities	TBD
Laundry (Weekly)	50
Outings	1 per KM
Room	Daily Rate
Other	10\$ /hr

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Application for Residency



Bharat Bhavan Foundation

Please fill out this form and mail it to Bharat Bhavan Seniors Hostel,
4225, rue Notre Dame, Montreal, H4C 1R4. Or fax it to: 514-904-2508.

File number (For office use only) _____

Occupancy sought Single Double (Co-Applicants must fill a separate form)

_____/_____/_____
Last Name First Name Date of birth

Present Address

_____/_____/_____
City Postal Code Tel. Email

Co-Applicant (if Room Shared):

_____/_____/_____
Last Name First Name Date of birth

Relationship to Applicant Sex
Spouse Other F M

Approximate Income of Applicant for 2007 \$ _____

Contact person of Applicant (if we can't reach you or in Emergency)

_____/_____/_____
Last Name First Name Tel.

Relationship to Applicant Sex
Spouse Other F M

I wish to apply for housing at the Bharat Bhavan Senior Hostel located at 4225, Notre Dame West.

Signature Applicant Date

Family Income: Include a photocopy of your last income tax return.

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I _____ authorize the Bharat Bhavan Foundation Senior's Hostel to photograph me and to use my photograph for the purposes of publicity during my stay at the hostel.

Signature of the resident

Date



Suggestions:

Do you have a Family Physician? Yes No
If Yes, Name and contact information:

Physicians' Name: _____

Physicians' Phone number: _____

Physicians' Address: _____

Do you have Health insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own a car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a drivers' license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does someone have your power of attorney?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a lawyer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have Life insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you made funeral arrangements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a will?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Health Issues:



**Bharat Bhavan
Foundation**

1. General information

Date: _____

Mr. Mrs. Miss Dr. Other

Last Name: _____ First Name _____

Date of birth ____/ ____/ _____ Age _____

Medical Insurance # _____

2. Current Situation

Please describe any health issues that may impact on your stay with us:

3. Illness or Health Problems

Please list any major illnesses or health problems beginning with the latest. This should include any infectious diseases, major surgeries or periods of hospitalization.

4. Assessment of Autonomy

Please provide a medical certificate to assure us of your ability to live an autonomous life.

5. Personal Data

Height: _____

Weight: _____

Blood Pressure: _____

Diabetes: Yes No



6. Food and Diet

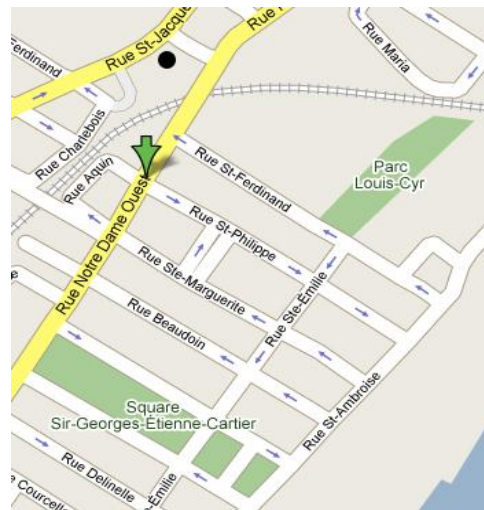
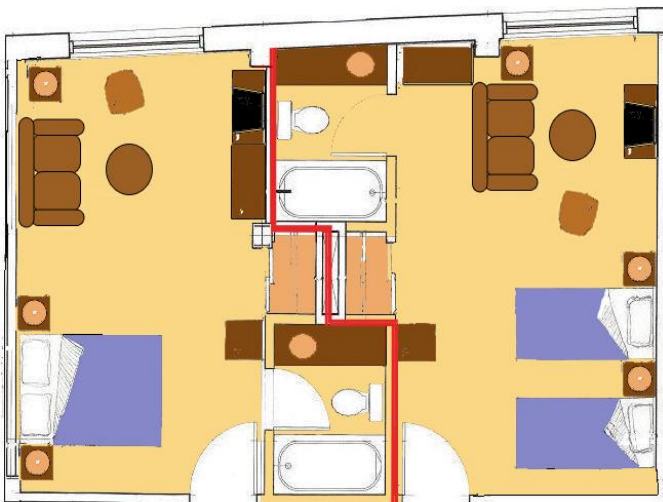
Please provide a list of any food allergies that you might have.

7. Other Information

Please provide any other pertinent information:

Please note that this is a non smoking facility and the use of tobacco or all other illegal substance abuse is strictly prohibited and may cause the Hostel to terminate your residency. Only moderate use of alcohol is permitted.

The Hostel will keep an updated version of rules and regulations that the residents must adhere to.





Wecome to the Bharat Bhavan Senior's Hostel.

This information package is provided to you to answer most of your questions.

We are a secular, non profit organization serving the community since 1987. This is the first hostel of its kind in Quebec providing accommodation and food suitable for seniors from continental India. The Hostel, a part of the Bharat Bhavan Community Centre, is located in the borough of St. Henri—Ste Anne of Montreal. There are several easily accessible services nearby, including:

- Major hospitals
- St. Henri Metro
- Two Parks: Square Sir Georges & Louis-Cyr
- St. Henri CLSC
- Public Bus Service

We will have 26 spacious units with a choice of single or double occupancy. We aim to provide an affordable accommodation with most of the necessary facilities and services. Our services are available on a first come first served basis. Tenants may qualify for housing allowance and tax credits.

We serve only fully autonomous (independent) individuals or couples. All residents must show respect for others, cooperative with others and the staff and be friendly. They must pay their rent punctually.

For further information, please contact us at (514) 904-1675. We look forward to hearing from you.



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Breakfast		
Assorted Juices/Milk	Assorted Juices/Milk	Assorted Juices/Milk
Hot/Cold Cereals	Hot/Cold Cereals	Hot/Cold Cereals
Eggs	Pan Cakes with Syrup	French Toast
Toast & Jam	Toast with Peanut Butter	Fresh fruit
Fresh fruit	Fresh Fruit	Omelet
Tea or Coffee	Tea or Coffee	Tea or Coffee

Lunch		
Assorted Juices/Milk	Assorted Juices/Milk	Assorted Juices/Milk
Rice/ Chapati	Soup	Rice/ Chapati
Meat curry	Salad	Meat curry
Vegetable curry	Sandwich	Vegetable curry
Lentils	Fruit	
Tea or Coffee	Tea or Coffee	Tea or Coffee

Dinner		
Assorted Juices/Milk	Assorted Juices/Milk	Assorted Juices/Milk
Rice/ Chapati/Salad	Rice/ Chapati/Salad	Rice/ Chapati/Salad
Meat curry	Meat curry	Meat curry
Vegetable curry	Vegetable curry	Vegetable curry
Lentils	Lentils	Lentils
Tea or Coffee	Tea or Coffee	Tea or Coffee