

**Personal-Care Multi-Tenant
House Tenant File**

Tenant Name:

Tenant Date of Birth (MM/DD/YYYY):

Gender:

Date Tenancy Started (MM/DD/YYYY):

List of Medications and/or Other Care Prescribed by Regulated Health Professional:

List of any Other Agencies or Organizations Providing Support to Tenant:

Tenant's Attending Personal Physician (if any):

Name:

Address:

Telephone Number:

Tenant's Attorney (if any):

Name:

Address:

Telephone Number:

Tenant's Emergency Contact

Name:

Address:

Telephone Number:

List of Date and Particulars of any Significant Incidents Involving Tenant While in the Personal-Care multi-tenant house:

Attachments:

- Up-to-date assessment from a regulated health professional of the level of care to be provided including a list of the personal-care service the tenant requires.
- Tenancy agreement, including personal-care services to be provided, consisting of at least the personal-care services such as meals and clean linens that are provided to all tenants and the personal-care services listed in the tenant's assessment.

Operator signature: