



*Sea To Sky Alternative Healing Society
6636 Fraser St, Vancouver BC
Phone (604)420-5559 Fax (604)420-4442*

PRIMARY CAREGIVER APPLICATION

I, _____ do hereby certify, that
(Patients Name)

_____ is my primary caregiver.
(Caregivers Name)

He/She consistently assumes, upon my behalf responsibly
for my housing, health and safety.

I, _____ do certify, that I
(Caregivers name)
consistently assume, on his/her behalf, responsibly for his/her
housing, health and safety of, _____.
(Patients Name)

What is your relationship with the patient? _____
_____.

I hereby declare that the information stated above is factual:

PATIENTS SIGNATURE: _____

CAREGIVERS SIGNATURE. _____

DATE SIGNED: _____

CAREGIVERS ADDRESS: _____

CAREGIVERS PHONE NUMBER: _____