



APPLICATION FOR ACCOMMODATION
(CONFIDENTIAL WHEN COMPLETED)

Lodge Accommodations for Seniors

Barrhead & District Social Housing Association operates two Lodge facilities for Seniors. Hillcrest Home contains 111 rooms and Klondike Place contains 40 suites. Residents of the lodges are encouraged to maintain their personal wellness and independence. Medical care is available as approved through Alberta Health Home Care Services (780-674-4139).

Residents are encouraged to bring their own personal belongings for their suite. Basic furnishings may be available if needed.

Rent at the lodges includes meals (dinner meal only at Klondike Place), snacks, housekeeping, power, heat and water. There are extra charges for vehicle plug-ins, laundry services and electric scooters.

Please check which accommodation applies to you:

Lodge

Klondike Place

____ One Bedroom

____ Two Bedroom (couples only)

Hillcrest Lodge

____ Newer Side (walk-in shower)

____ Older Side (tub/shower)

____ One Bedroom (couples only)

ASSESSMENT OF RISK AND INDEPENDENCE

Applicants are point-scored according to the Provincial Point-Scoring Guidelines. Please contact your physician for a medical assessment. It **must** be completed by your physician and returned with the application.

PLEASE READ CAREFULLY

I understand that this application does not constitute an agreement on the part of BARRHEAD & DISTRICT SOCIAL HOUSING ASSOCIATION to provide me with rental accommodation.

I further acknowledge the right of BARRHEAD & DISTRICT SOCIAL HOUSING ASSOCIATION, or its agents, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize BARRHEAD & DISTRICT SOCIAL HOUSING ASSOCIATION, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall cancel any further consideration of my application.

I further agree that I am obligated to advise BARRHEAD & DISTRICT SOCIAL HOUSING ASSOCIATION, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

APPLICANT

WITNESS

PLEASE ANSWER ALL QUESTIONS

1. Applicant's Name: _____
(Last) (First)

Date of Birth: _____

Alberta Health Care No. _____

Phone Number: _____

Email: _____

2. Spouse's Name: _____
(Last) (First)

Date of Birth: _____

Alberta Health Care No. _____

Phone Number: _____

Email: _____

3. Are you a Canadian Citizen? _____

Permanent Resident? _____

Other Status? _____

4. Current Living situation:

____ Own

____ Rent

____ Staying with friends/family

____ Living in shelter

____ Living in hotel

____ Living in vehicle

____ Living in holiday trailer/RV

____ Living in institution or hospital

____ Other

5. Current Address: _____
(PO Box/Apartment No./Street)

(City/Town/Village)

(Province)

(Postal Code)

Current rent or mortgage payment is \$ _____ per month.

Do you pay utilities? Yes ____ No ____

If renting, please name your present landlord: _____

And type of unit: _____

6. Number of person(s) sharing your present accommodation:

Adults _____ Children _____

7. Reasons for moving: _____

If you have been given an eviction notice, please provide a copy of the notice.

8. Emergency Contact #1:

Name _____

Phone# (H/Cell) _____

Email _____

Address _____

Emergency Contact #2:

Name _____

Phone#(H/Cell) _____

Email _____

Address _____

9. If you are on Social Assistance, please state the name and office of your Social Worker:

Name _____ Tel. No. _____

Address _____

10. Total from line 15000 of most recent Notice of Assessment: _____
(Please provide a copy of the NOA - application will be considered incomplete without)

11. Do you receive the Alberta Seniors Benefit? Yes ____ No ____

If so, how much do you receive? Yearly \$ _____ Monthly \$ _____

NOTE: All income must be verified upon acceptance as a resident

12. Do you cook your own meals? Yes _____ No _____
13. Do you receive help with meals (meals on wheels, food delivery services, family help, etc.)? Yes _____ No _____
14. Do you drive? Yes _____ No _____

If NO, please state your mode of transportation:

15. Do you manage your own personal hygiene?

Yes _____ No _____

If NO, who assists you with managing it?

16. Are you able to use a tub/shower or do you require a walk-in shower?

17. Please give details regarding your mobility (cane, walker, wheelchair, etc.)

18. Do you have available family or community support? Yes _____ No _____

19. Are you able to manage and maintain your current accommodation? (e.g., housekeeping, yard work, minor repairs)? Yes _____ No _____

20. Do you have a pet? Yes _____ No _____

If YES, what kind(s) and how many of each? _____

21. Please state any physical disabilities you may have:

Family Doctor's Name: _____

Address: _____ Tel No. _____

22. Other related information you wish to provide (if any):

DOMINION OF CANADA)
PROVINCE OF ALBERTA)
TO WIT:)

IN THE MATTER OF THIS APPLICATION
FOR DWELLING ACCOMMODATION IN
THE HOUSING PROJECT.

I, _____, of the _____
of _____, in the Province of Alberta, do solemnly declare as
follows:

1. That I am the applicant named in the said application.
2. That the statements made by me in the said application are to the best of my knowledge, information and belief full and true in all respects.
3. That I have resided in the Province of Alberta for _____ years of my life, in the district for _____ years.

And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

Declared before me)
)
at the _____ of _____)
)
in the Province of Alberta.)
)
this _____ day of _____, 20____)

Signature of Applicant

Commissioner for Oaths in and for the
Province of Alberta

The personal information in this form is being collected by Barrhead & District Social Housing Association under section 4(c) of the Protection of Privacy Act and is used for the purpose of administering applications for subsidized house or rental benefits. If you have any questions regarding the collection of this information, please contact Tyler Batdorf, Chief Administrative Officer, 780-674-2787, by email at tbatdorf@bdsha.org or by mail at 4321 52 Avenue, Barrhead AB T7N 1M6

**The Following Pages Must Be Completed for Each
Applicant.**



Applicant's Name: _____

Gender: Male _____ Female _____

Marital Status:

- _____ Single
- _____ Married
- _____ Widowed
- _____ Divorced/Separated

Meals:

- _____ By Self
- _____ With Assist
- _____ Total Assist

Monthly Income:

- _____ \$1500+
- _____ \$1200 - \$1499
- _____ \$900-\$1199
- _____ <\$899

Telephone Use:

- _____ By Self
- _____ With Assist
- _____ Total Assist

Living Arrangements:

- _____ Lives Alone
- _____ With Spouse Only
- _____ With Spouse and Others
- _____ With Other Family
- _____ With Others

Mobility Devices:

- _____ Cane
- _____ Walker
- _____ Wheelchair
- _____ Motorized Wheelchair

Type of Residence:

- _____ House/Apartment
- _____ Housing
- _____ Housing With Supports
- _____ Assisted Living, Group
- _____ No Fixed Address

Self-Rated Health:

- _____ Good
- _____ Fair
- _____ Poor

Level of Activity:

- _____ 2-3 Times/Week
- _____ No Regular Activity

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TO BE COMPLETED BY PHYSICIAN

Return to: Barrhead and District Social Housing Association, 4321-52 Ave, Barrhead, AB T7N 1M6.
Phone: (780) 674-2787 Fax: (780) 670-0417 Email: zoie@bdsha.org

Dr: _____

Date Completed: ___/___/___

Label/Addressograph (include Name, PHN, DOB)

Name:
Address:
Phone:
PHN:
DOB:

Caregiver Support:

- ___ Stable, Avail
- ___ Stable, Limited
- ___ Unstable, Avail
- ___ Unstable, Limited
- ___ Short Term, Occasional
- ___ No Significant

Hospital Within Last 12 Months:

- ___ No Visits
- ___ Once
- ___ Twice
- ___ More Than 2x

Hospital Total Days:

- ___ No Days
- ___ 1-7Days
- ___ 8-14Days
- ___ 15+ Days

IADL Medications:

- ___ Other _____
- ___ By Self
- ___ With Assist
- ___ Total Assist

ADL Dressing:

- ___ By Self
- ___ With Assist
- ___ Total Assist

Mental Status:

- ___ Symptoms of Depression
- ___ Hx Major Mental Illness
- ___ MMSE 26-30
- ___ MMSE 21-25
- ___ MMSE 16-20
- ___ MMSE 15 or less
- ___ Acquired Brain Injury/Dev. Disability
- ___ Palliative

IADL Transportation:

- ___ By Self
- ___ With Assist
- ___ Total Assist

ADL Bathing:

- ___ By Self
- ___ With Assist
- ___ Total Assist

ADL Eating:

- ___ By Self
- ___ With Assist
- ___ Total Assist

ADL Urinary:

- ___ By Self
- ___ With Assist
- ___ Total Assist
- ___ Bladder Protection
- ___ Urinary Catheter

Diet:

- ___ Diabetic
- ___ Low Sodium
- ___ High Protein
- ___ Low Protein
- ___ High Carbohydrate
- ___ Low Carbohydrate
- ___ Low Fat
- ___ Gluten Free

Medications:

- ___ Diabetic
- ___ Diet Controlled
- ___ Oral Med
- ___ Insulin
- ___ Cardiac
- ___ HBP
- ___ Diuretic
- ___ Epilepsy
- ___ Depression

Primary/Secondary

- ___ Cardiac
- ___ CHF
- ___ COPD
- ___ Diabetic
- ___ Epileptic
- ___ Parkinson's
- ___ Tuberculosis
- ___ Hepatitis
- ___ Renal Failure
- ___ HIV/STIs

ADL Transfers:

- By Self
 With Assist
 Total Assist

OTHER:

- Pacemaker
 Defibrillator
 DNR Order
 Green Sleeve

ADL Bowel:

- By Self
 With Assist
 Total Assist
 Colostomy

Uses and Abuses:

- ETOH use
 ETOH known abuse.
 Nicotine
 Medicinal Marijuana
 Drug abuse – pharmaceutical, illicit, holistic
 Explain: _____

Primary/Secondary ...cont.

- Stroke
 Ischemic
 TIA
 Hemorrhagic
 Ca
 Stage

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- Stroke
 Ischemic
 TIA
 Hemorrhagic
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 Stage

Uses and Abuses:

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 ETOH known abuse.
 Nicotine
 Medicinal Marijuana
 Drug abuse - pharmaceutical, illicit, holistic
 Explain: _____

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ADMISSIONS

- a) All prospective residents shall:

- i) Personally attend an interview with the Resident Services Manager or Resident Services Aide,
 - ii) Fill out an application form,
 - iii) Have a medical form completed by their physician,
- b) The physician shall determine whether a chest x-ray or a TB test must be completed.
- c) Applications shall be considered complete on the date that the application form, the medical form and the Notice of Assessment are received.
- d) All applicants shall meet the following criteria before they are accepted:
- i) Able to care for personal needs and medications within the services provided by Home Care and the services of the Association.
 - ii) Able to manage incontinence problems within the services provided by Home Care and the Association so that the incontinence does not negatively affect the lives of other residents or the Association operation.
 - iii) Have no behavior problems which may make them a threat to other residents, staff or themselves, which negatively affect the lives of other residents or the Association operation or which may require specially qualified staff.
 - iv) Able to get back and forth to their room when needed, within the services provided by Home Care and the Association.
 - v) Able to manage personal finances or have arrangements to provide this service.
 - vi) Able to deal with their dietary needs within the lodge menu.
 - vii) Residents requiring oxygen shall be accepted on the following conditions:
 - (1) The residents must be capable of operating the equipment without staff assistance or supervision.
 - (2) The resident must be knowledgeable of precautions required for safe use and maintenance.
- e) Vacancies shall be filled using the point score from the Priority Criteria for Lodge Accommodation in the following order:
- i) Applicants over 65 years of age:
 - ii) Applicants under 65 years of age:
- f) After consideration of the above criteria, applications shall be placed on a waiting list according to the point scoring standards in the Social Housing Accommodation Regulation.
- g) The Resident Services Manager or the Resident Services Aide shall review the Lodge Terms of Occupancy and Declaration with lodge applicants and the Residential Tenancy Agreement with self-contained applicants, prior to admission. The document shall be completed in duplicate and signed by the resident and family or the party responsible and the Resident Services Manager or Resident Services Aide. A copy shall be placed on the residents' file.