



ADDRESS 4321 52 Avenue, Barrhead, AB T7N 1M6

TELEPHONE 780-674-2787 **FAX** 780-674-4924

WEBSITE www.bdsha.org **EMAIL** info@bdsha.org

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).

Basic furnishings are available to residents. They are encouraged to bring their own personal belongings as well.

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 Hillcrest Home

APPLICATIONS MAY BE SUBMITTED BY

EMAIL rsa@bdsha.org **FAX** 780-674-4924

IN PERSON 4321 52 Ave, Barrhead

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, employments 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 Signature

Witness Signature

8. Do you receive the Alberta Seniors Benefit? YES NO

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

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

9. Do you own or rent your present accommodation? OWN RENT

Current rent or mortgage payment is \$ _____ per month, plus \$ _____ for utilities

10. If renting, please name your present landlord: _____

and type of unit: _____

11. Number of person(s) sharing your present accommodation: _____ Adults _____ Children

Do you share with other occupants the use of the kitchen, bathroom or your bedroom?

YES NO

If **YES**, number of person(s) sharing the **KITCHEN** _____ **BATHROOM** _____ **BEDROOM** _____

12. Are your shower and/or bathtub, toilet and wash basin all located in your bathroom?

YES NO

If **NO**, please give details: _____

13. Are your stove, refrigerator, cupboards, counter space and sink all located in your kitchen?

YES NO

If **NO**, please give details: _____

14. Do you cook your own meals? YES NO

15. Do you receive meals on wheels? YES NO

16. Do you drive? YES NO

If **NO**, please state your mode of transportation: _____

17. Do you manage your own personal hygiene? YES NO

If **NO**, who assists you with managing it? _____

18. Please give details regarding your mobility:

19. Do you have available family or community support? YES NO

20. Are you able to manage and maintain your current accommodation? YES NO
(E.g. Housekeeping, Yard Work, Minor Repairs)

21. Do you have a pet? YES NO

If **YES**, what kind and how many of each? _____

22. Reasons for moving:

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

23. Please state any physical disabilities you may have:

Family Doctor's Name _____ Telephone _____

Address _____

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

TO WIT:

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

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THE FOLLOWING PAGES MUST BE COMPLETED FOR EACH APPLICANT



APPLICANT'S NAME _____

GENDER Male Female

MARITAL STATUS

- Single
- Married
- Widowed
- Divorced/Separated

MONTHLY INCOME

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

LIVING ARRANGEMENTS

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

TYPE OF RESIDENCE

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

MEALS

- By Self
- With Assist
- Total Assist

TELEPHONE USE

- By Self
- With Assist
- Total Assist

MOBILITY DEVICES

- Cane
- Walker
- Wheelchair
- Motorized Wheelchair

SELF-RATED HEALTH

- Good
- Fair
- Poor

LEVEL OF ACTIVITY

- 2-3 Times Per Week
- No Regular Activity

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Version: January 2023



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MEDICAL INFORMATION REQUIRED

TUBERCULOSIS QUESTIONNAIRE

APPLICANT'S NAME _____

Have you ever had tuberculosis? **YES** **NO**

Do you have any of the following symptoms?

- Productive cough (coughing up phlegm) for more than 4 weeks **YES** **NO**
- Weight loss **YES** **NO**
- Night sweats (fever at night) **YES** **NO**
- Blood in sputum **YES** **NO**

If you have answered yes to any of these questions, please contact Alberta Health Services at (780) 674-3408.



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TO BE COMPLETED BY PHYSICIAN

Return to: Barrhead and District Social Housing Association,
4321-52Ave, Barrhead, AB T7N 1M6

Phone: (780) 674-2787 **Fax:** (780)674-4924 **Email:** dprice@bdsha.org

LABEL/ADDRESSOGRAPH (INCLUDE NAME, PHN, DOB)

Dr: _____

Date Completed: ____ / ____ / ____

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
- _____ 1-7
- _____ Days
- _____ 8-14 Days
- _____ 15+ Days

IADL Medications

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

ADL Dressing

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

ADL Transfers

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

OTHER

- _____ Pacemaker
- _____ Defibrillator
- _____ DNR Order
- _____ Green Sleeve

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

ADL Bowel

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

Uses and Abuses

- _____ ETOH use
- _____ ETOH known abuse
- _____ Nicotine
- _____ Medical Marijuana
- _____ Drug abuse - pharmaceutical, illicit, holistic

Explain: _____

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
- _____ Stroke
- _____ Ischemic
- _____ TIA
- _____ Hemorrhagic

_____ Ca _____ Stage

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Explain: _____

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- _____ High Protein
- _____ Low Protein
- _____ High Carbohydrate
- _____ Low Carbohydrate
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- _____ Fat
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Medications

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- _____ Oral Med
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