

## APPLICATION FOR ACCOMMODATION

(CONFIDENTIAL WHEN COMPLETED)

### SELF-CONTAINED ACCOMMODATION FOR SENIORS

**Jubilee Manor** is a self-contained facility built in 1976 and contains 16 apartments.

**Golden Crest Manor** was built in 1981 and has 32 apartments. Both Jubilee Manor and Golden Crest Manor are connected to the Hillcrest and Klondike Place lodges by pedways.

**Pembina Court** was built in 1986 and has 24 self contained apartments.

All three of these buildings are located within the Town of Barrhead.

We also have a self-contained complex located in Fort Assiniboine. **Roach Park Manor** contains 6 apartments.

Seniors who wish to reside in one of our facilities must complete an application form and are then placed on a waiting list. Each facility has its own separate waiting list, prioritized based on provincial point scoring standards.

### PLEASE CHECK WHICH ACCOMMODATION APPLIES TO YOU:

**SELF-CONTAINED**     Jubilee Manor     Golden Crest Manor  
 Pembina Court     JDR Manor ( Fort Assiniboine)

### 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.

**APPLICATIONS MAY BE SUBMITTED BY**

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

**N PERSON** 4321 52 Ave, Barrhead

**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:

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*\* 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. Please check off any of the following populations groups that apply to any members of your household (*optional*):

- Indigenous peoples
- People with disabilities
- Individual fleeing violence or leaving second stage shelter\*
- At risk of, or transitioning out of homelessness\*
- People dealing with mental health or recovering from addiction\*
- Youth exiting government care
- Veteran
- Recent Immigrant or Refugee (in Canada less than 5 years)
- Racialized group
- Identify with diverse concepts of gender identity and expression or sexual orientation

*\*Please contact our resident services team if you check this category as supporting documentation may be required.*

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

*The personal information in this form is being collected by Barrhead & District Social Housing Association under section 33(c) of the Freedom of Information and Protection of Privacy Act 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 the Chief Administrative Officer, 780-674-2787, 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

**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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## **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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