

BARRHEAD & DISTRICT SOCIAL HOUSING ASSOCIATION

4321-52 Avenue Barrhead, AB T7N 1M6

Phone: (780)674-2787 Fax: (780)674-4924

APPLICATION FOR ACCOMMODATION – SENIOR CITIZEN

Lodge Accommodations for Seniors

Barrhead & District Social Housing Association operates two lodge facilities for Seniors. Hillcrest Home contains 91 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 Aspen Community Care (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, heat and water. There are extra charges for electricity, vehicle plug-ins, laundry services and scooters.

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 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:

- | | | |
|-----------------------|--|--|
| LODGE | <input type="checkbox"/> Klondike Place | <input type="checkbox"/> Hillcrest Home |
| SELF-CONTAINED | <input type="checkbox"/> Golden Crest Manor | <input type="checkbox"/> Jubilee Manor |
| | <input type="checkbox"/> Pembina Court | <input type="checkbox"/> JDR Manor |
| | <input type="checkbox"/> Other | |

APPLICATION FOR ACCOMMODATION – SUPPORTIVE HOUSING

(CONFIDENTIAL)

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.

WITNESS

APPLICANT

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

IN THE MATTER OF THIS
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

Printed Name of Commissioner for Oaths

My Appointment Expires on _____
D/M/Y

(PLEASE PRINT)

NOTE: PLEASE ANSWER ALL QUESTIONS

1. Applicant's Name: _____
(Surname) (Given Name)

Date of Birth: _____ Social Insurance No. _____

Alberta Health Care No. _____

2. Spouse's Name: _____
(Surname) (Given Name)

Date of Birth: _____ Social Insurance No. _____

Alberta Health Care No. _____

3. Are you a _____ Canadian Citizen _____ Landed Immigrant or _____

4. Present Address: _____
(P.O.) Box/Apartment No./Street)

(City/Town/Village) (Postal Code)

Home Telephone: _____

5. Emergency Contact #1

Name _____ Phone# (h) _____ (w) _____

Address _____

Emergency Contact #2

Name _____ Phone#(h) _____ (w) _____

Address _____

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

Name _____

Address _____

7. INCOME

TOTAL from LINE 150 of Notice of Assessment: _____

Do you receive the Alberta Seniors Benefit? _____ Yes _____ No

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

IF you are applying for Jubilee Manor, Golden Crest, Pembina Court and/or JDR Manor please list all investments/assets and interest/income derived from investment such as stocks, bonds, term deposits, bank accounts, real estate, etc.

INVESTMENTS/ASSETS	INTEREST/INCOME	
_____	Yearly \$ _____	Monthly \$ _____
_____	Yearly \$ _____	Monthly \$ _____
_____	Yearly \$ _____	Monthly \$ _____
TOTAL _____	Yearly \$ _____	Monthly \$ _____

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

8. Do you own or rent your present accommodation: _____ Own _____ Rent

Present rent or house payment is \$ _____ per month, plus _____

for heat and \$ _____ for light, water and sewer.

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

And type of unit: _____

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

_____ Adults _____ Children

11. Do you share with other occupants the use of the kitchen, the bathroom, or your bedroom? _____ Yes _____ No

If YES, Number of Person(s) sharing the kitchen _____
 Number of Person(s) sharing the bathroom _____
 Number of Person(s) sharing the 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. Do you use a cane, walker, or wheelchair? 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? (e.g., housekeeping, yard work, minor repairs). _____ Yes _____ No

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

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

22. Reasons for wanting to move

If you have been given a "NOTICE TO VACATE", please submit a copy of the notice and state the reason for eviction _____

23. Please state any Physical Disabilities: _____

Family Doctor's Name: _____

Address: _____ Telephone No. _____

24. FOR APPLICANT(S) USE

Other related information you wish to provide.

**The Following Pages Must Be Completed For
Each Individual Applicant.**

**Barrhead and District Social Housing Association
Barrhead, Alberta**

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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MEDICAL INFORMATION REQUIRED

TUBERCULOSIS QUESTIONNAIRE

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 Aspen Health Services at (780)674-3408.

ASSESSMENT OF RISK AND INDEPENDENCE **MEDICAL TO BE COMPLETE BY PHYSICIAN**

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

TO BE COMPLETED BY PHYSICIAN

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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

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

Diet:

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

Hospital Within Last 12 Months:

- ____ No Visits
- ____ Once
- ____ Twice
- ____ More Than Twice

IADL Transportation:

- ____ By Self
- ____ With Assist
- ____ Total Assist

Medications:

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

Hospital Total Days:

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

ADL Bathing:

- ____ By Self
- ____ With Assist
- ____ Total Assist

IADL Medications:

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

ADL Eating:

- ____ By Self
- ____ With Assist
- ____ Total Assist

Primary/Secondary

- ____ Cardiac
- ____ CHF
- ____ COPD
- ____ Diabetic
- ____ Epileptic
- ____ Parkinson's
- ____ Tuberculosis
- ____ Hepatitis
- ____ Renal Failure
- ____ HIV/STIs
- ____ Stroke
 - ____ Ischemic
 - ____ TIA
- ____ Ca
- ____ Stage

ADL Dressing:

- ____ By Self
- ____ With Assist
- ____ Total Assist

ADL Urinary:

- ____ By Self
- ____ With Assist
- ____ Total Assist
- ____ Diaper
- ____ Urinary Catheter

ADL Transfers:

- ____ By Self
- ____ With Assist
- ____ By Self
- ____ Total Assist

ADL Bowel:

- ____ With Assist
- ____ Total Assist

____ Hemorrhagic

OTHER:

- ____ Pacemaker
- ____ Defibrillator
- ____ DNR Order
- ____ Green Sleeve

Uses and Abuses:

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

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