**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.

# Please check which accommodation applies to you:

**LODGE \_\_ Klondike Place \_\_ Hillcrest Home**

**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) IN THE MATTER OF THIS APPLICATION

PROVINCE OF ALBERTA) FOR DWELLING ACCOMMODATION IN

TO WIT:) 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 $ \_\_\_\_\_\_

 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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: Meals:

 Single \_\_\_\_\_By Self

 Married \_\_\_\_\_With Assist

 Widowed \_\_\_\_\_Total Assist

 Divorced/Separated

Monthly Income: Telephone Use:

 $1500+ \_\_\_\_\_By Self $1200 - $1499 \_\_\_\_\_With Assist

 $900-$1199 \_\_\_\_\_Total Assist

 <$899

Living Arrangements: Mobility Devices:

\_\_\_\_\_Lives Alone \_\_\_\_\_Cane

\_\_\_\_\_With Spouse Only \_\_\_\_\_Walker

\_\_\_\_\_With Spouse and Others \_\_\_\_\_Wheelchair

\_\_\_\_\_With Other Family \_\_\_\_\_Motorized Wheelchair

\_\_\_\_\_With Others

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

**Barrhead and District Social Housing Association**

**Barrhead, Alberta**

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\_\_\_\_\_2-3 Times/Week

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**MEDICAL INFORMATION REQUIRED**

**TUBERCULOSIS QUESTIONAIRE**

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**

**Barrhead and District Social Housing Association**

**4321-52Ave**

**Barrhead, Alberta**

**T7N 1M6**

**Phone: (780)674-2787**

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 **Label/Addressograph (include Name, PHN, DOB)**

Name:

Address:

Phone:

PHN:

DOB:

**Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Caregiver Support:** **Mental Status:**  **Diet:**

\_\_\_\_\_Stable, Avail \_\_\_\_\_Symptoms of Depression \_\_\_\_\_Diabetic

\_\_\_\_\_Stable, Limited \_\_\_\_\_Hx Major Mental Illness \_\_\_\_\_Low Sodium

\_\_\_\_\_Unstable, Avail \_\_\_\_\_MMSE 26-30 \_\_\_\_\_High Protein

\_\_\_\_\_Unstable, Limited \_\_\_\_\_MMSE 21-25 \_\_\_\_\_Low Protein

\_\_\_\_\_Short Term, Occasional \_\_\_\_\_MMSE 16-20 \_\_\_\_\_High Carbohydrate

\_\_\_\_\_No Significant \_\_\_\_\_MMSE 15 or Less \_\_\_\_\_Low Carbohydrate

 \_\_\_\_\_Acquired Brain Injury/ Dev. \_\_\_\_\_Low Fat

**Hospital Within Last 12 Months:**  Disability \_\_\_\_\_Gluten Free

\_\_\_\_\_No Visits \_\_\_\_\_Palliative

\_\_\_\_\_Once **Medications:**

\_\_\_\_\_Twice **IADL Transportation:** \_\_\_\_\_Diabetic

\_\_\_\_\_More Than Twice \_\_\_\_\_By Self \_\_\_\_\_Diet Controlled

 \_\_\_\_\_With Assist \_\_\_\_\_Oral Med

**Hospital Total Days:** \_\_\_\_\_Total Assist \_\_\_\_\_Insulin

\_\_\_\_\_No Days \_\_\_\_\_Cardiac

\_\_\_\_\_1-7Days **ADL Bathing:**  \_\_\_\_\_HBP

\_\_\_\_\_8-14Days \_\_\_\_\_By Self \_\_\_\_\_Diuretic

\_\_\_\_\_15+ Days \_\_\_\_\_With Assist \_\_\_\_\_Epilepsy

 \_\_\_\_\_Total Assist \_\_\_\_\_Depression

**IADL Medications: \_\_\_\_\_**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_By Self **ADL Eating: Primary/Secondary**

\_\_\_\_\_With Assist \_\_\_\_\_By Self **\_\_\_\_**\_Cardiac

\_\_\_\_\_Total Assist \_\_\_\_\_With Assist \_\_\_\_\_CHF

 \_\_\_\_\_Total Assist \_\_\_\_\_COPD

**ADL Dressing: \_\_\_\_\_**Diabetic

\_\_\_\_\_By Self **ADL Urinary: \_\_\_\_\_**Epileptic

\_\_\_\_\_With Assist \_\_\_\_\_By Self \_\_\_\_\_Parkinson’s

\_\_\_\_\_Total Assist \_\_\_\_\_With Assist \_\_\_\_\_Tuberculosis

 \_\_\_\_\_Total Assist \_\_\_\_\_Hepatitis

**ADL Transfers:** \_\_\_\_\_ Diaper \_\_\_\_\_Renal Failure

\_\_\_\_\_By Self \_\_\_\_\_Urinary Catheter \_\_\_\_\_HIV/STIs

\_\_\_\_\_With Assist \_\_\_\_\_Stroke

\_\_\_\_\_By Self **ADL Bowel:** \_\_\_\_\_Ischemic

\_\_\_\_\_Total Assist \_\_\_\_\_With Assist \_\_\_\_\_TIA

 \_\_\_\_\_Total Assist \_\_\_\_\_Hemorrhagic

**OTHER:** \_\_\_\_\_Colostomy \_\_\_\_\_Ca

\_\_\_\_\_Pacemaker \_\_\_\_\_Stage

\_\_\_\_\_Defibrillator **Uses and Abuses:**

\_\_\_\_\_DNR Order \_\_\_\_\_ETOH use

\_\_\_\_\_Green Sleeve \_\_\_\_\_ETOH known abuse

 \_\_\_\_\_Nicotine

 \_\_\_\_\_Medicinal Marijuana

 \_\_\_\_\_Drug abuse – pharmaceutical, illicit, holistic

 Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address:

Phone:

PHN:

DOB:

**Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_**

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\_\_\_\_\_No Visits \_\_\_\_\_Palliative

\_\_\_\_\_Once **Medications:**

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 \_\_\_\_\_With Assist \_\_\_\_\_Oral Med

**Hospital Total Days:** \_\_\_\_\_Total Assist \_\_\_\_\_Insulin

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\_\_\_\_\_Total Assist \_\_\_\_\_With Assist \_\_\_\_\_CHF

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\_\_\_\_\_By Self **ADL Urinary: \_\_\_\_\_**Epileptic

\_\_\_\_\_With Assist \_\_\_\_\_By Self \_\_\_\_\_Parkinson’s

\_\_\_\_\_Total Assist \_\_\_\_\_With Assist \_\_\_\_\_Tuberculosis

 \_\_\_\_\_Total Assist \_\_\_\_\_Hepatitis

**ADL Transfers:** \_\_\_\_\_ Diaper \_\_\_\_\_Renal Failure

\_\_\_\_\_By Self \_\_\_\_\_Urinary Catheter \_\_\_\_\_HIV/STIs

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 \_\_\_\_\_Total Assist \_\_\_\_\_Hemorrhagic

**OTHER:** \_\_\_\_\_Colostomy \_\_\_\_\_Ca

\_\_\_\_\_Pacemaker \_\_\_\_\_Stage

\_\_\_\_\_Defibrillator **Uses and Abuses:**

\_\_\_\_\_DNR Order \_ \_\_\_ETOH use

\_\_\_\_\_Green Sleeve \_\_\_\_\_ETOH known abuse

 \_\_\_\_\_Nicotine

 \_\_\_\_\_Medicinal Marijuana

 \_\_\_\_\_Drug abuse – pharmaceutical, illicit, holistic

 Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_