



Provides individuals, families and seniors with affordable and caring accommodation.

Application for LODGE RESIDENCY
INSTRUCTIONS FOR COMPLETING APPLICATION
Please Read Carefully

Complete ALL questions and supply ALL of the requested information. If a question does not apply to your situation, mark N/A in the section.

YOU ARE REQUESTED TO PROVIDE THE FOLLOWING WITH THIS APPLICATION:

- 1) Completed Taber and District Housing Foundation “Lodge Medical Report”.

Please call 403-223-2822 Ext 1 to set up an appointment for an interview when your application is completed. If your application is selected, the Lodge manager will notify you immediately.

Interview Date: _____ Interviewer: Lodge Manager _____

YOU ARE REQUESTED TO BRING THE FOLLOWING ITEMS WITH YOU FOR THE INTERVIEW:

- 1) If applicable to your situation, please bring verification you are receiving the Alberta Seniors Benefit. (Either with your most recent Alberta Senior’s Benefit cheque stub, or if that is not available receipt can be verified by line 145 of your most recent income tax return.)

ADDITIONAL INFORMATION:

- 1) UPDATES are required if there are changes with:
 - Address, phone number etc.
- 2) In the case of a married couple - **(1) one application per individual is required.**
- 3) If Taber & District Housing Foundation has **not** contacted you within **6 months** following your interview you must:
 - Renew your application in person, by mail, by phone (403-223-2822 Ext 1) or by fax (1-866-283-1812), by providing your name, address, telephone number, and up to date statement(s).

IN ORDER TO PROPERLY ASSESS AND TO PROCESS THIS APPLICATION ALL QUESTIONS MUST BE FULLY ANSWERED and ALL REQUESTED INFORMATION IS ATTACHED.

Your completed application must be signed and witnessed.

Please note: For information about programs, benefits and services for seniors, call the Alberta Seniors information line at 1-800-642-3853

PLEASE READ CAREFULLY

I understand that this application does not constitute an agreement on the part of Taber & District Housing Foundation, to provide me with Lodge accommodation.

I further acknowledge the right of Taber & District Housing Foundation, at any time prior to the execution and delivery 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 Taber & District Housing Foundation to make any inquiries it deems necessary to verify the facts contained herein, being fully aware that discovery of any false statement shall cancel any further consideration of any application.

I hereby understand that I will receive only two opportunities to accept placement at Clearview Lodge. After the first call and I decline my application may be subject to a 6 month hold. After the second call and I decline the placement my application will be void and I will have to reapply when ready. If my circumstances change within the 6 months I will need to reapply.

I hereby understand that my application for admission into the lodge will be kept on file for a period of six (6) month, if I have not been contacted within that six (6) months I will contact the Lodge Manager to review my current status.

ALL PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL

(Witness)

(Applicant)

Please Print Clearly

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

Present Address PO Box or Street Address: _____
City, Town or Village: _____
Postal Code _____ Telephone Number: _____

Alberta Health Care Number: _____ **Date of Birth:** _____
(Month/Day/Year)

2. **Are you a Canadian Citizen?** _____ **are you a Landed Immigrant?** _____
(if yes, Landed Immigrant papers must be provided)

3. **Marital Status:**
 Married Divorced/Separated Widowed Single Adult Interdependent Relationship

4. **Name of additional contact persons:**
1. Name: _____ Relationship: _____
Address: _____ Telephone: _____
2. Name: _____ Relationship: _____
Address: _____ Telephone: _____

3. Name: _____ Relationship: _____

Address: _____ Telephone: _____

8. DESCRIBE PRESENT ACCOMODATION:

Do you currently: Own Rent Live with Family Other (Please indicate below)

If renting, name of Landlord: _____ Phone #: _____

Number of Person(s) sharing your present accommodation _____ Adults _____ Children

Is / or has your current housing had Bed Bugs? Yes No

9. Please place a check mark ✓ beside the following questions that indicate your reasons for wanting to move to the Lodge?

Do you have concerns regarding the use of stairs? Provide a brief description:

Do you feel secure where you currently live? Provide a brief explanation:

Is it difficult to prepare meals?

Are you receiving Meals on Wheels? If yes How often? _____

What type of transportation do you use? _____

Is Housekeeping becoming too hard to handle?

Is yard work and snow shoveling too much to handle?

Are you lonely in your present accommodation?

Do you use mobility Aids?

If Yes what type/s _____

Do you receive Community Care Services for Personal Care and or bathing assistance?

If Yes provide a brief description _____

FINANCIAL INFORMATION

1. Do you receive the Alberta Seniors Benefit? _____

If yes, please bring verification with either your most recent Alberta Senior's Benefit cheque stub, or if that is not available receipt can be verified by line 145 of you most recent income tax return.

This confidential information is being collected under the authority of the Alberta Housing Act and in accordance with Alberta's Freedom of Information and Protection for Privacy Act to determine and verify eligibility of applicants for Housing with Taber and District Housing. For further information, please contact Taber and District Housing at 223-2767.



Provides individuals, families and seniors with affordable and caring accommodation.

Clearview Lodge
Confidential Medical Report
Complete this form & return to:
 4730 – 50 Ave., Taber, AB, T1G 1N6
 Phone (403) 223- 2822 Fax 1(403)-223-3074

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (applicant), hereby authorize & instruct _____ (physician) to release the medical information requested by Taber & District Housing Foundation and I hereby waive any & all claims against the person or organization releasing the report, or any of its officers, servants, agents, staff members or employees for any purpose whatsoever in connection with the communication and disclosure of the said information.

Date: _____ **Applicant's Signature:** _____
Date: _____ **Witness:** _____

LAST NAME:	FIRST NAME:
Date of Birth: (mm/dd/yy)	Examination Date:(mm/dd/yy)
Personal Health Care No:	How Long has this applicant been your patient?

Does the applicant suffer from a serious illness, injury or disability? Yes ___ No ___ If "Yes", please give particulars

Is the applicant currently receiving Community Care Services? Yes ___ No ___ If yes, how many hours per week and for what types for services?

Name (s) of other support agencies involved? _____

Does the Applicant use any of the following?	Yes	No		Yes	No
Hearing Aid			Incontinence Supplies		
Pacemaker			Colostomy Supplies		
Oxygen			Mobility Aid(s): _____		

A lodge provides meals, housekeeping services and 24-hour non-professional medical supervision. Given this information, is your patient independent enough to:

- Physically/mentally manage personal care including dressing? Yes No Unknown
- Maintain an appropriate level of personal hygiene? Yes No Unknown
- Ambulate to and from a central, congregate dining room? Yes No Unknown
- Transfer safely in and out of bed and the bathroom? Yes No Unknown
- Administer his/her own medications? Yes No Unknown

6. Does your patient have any allergies or drug intolerances? Yes No Unknown
 If yes, describe _____
7. Is your patient diabetic? Yes No Unknown
 If yes, does your patient use insulin? Yes No Unknown
 If yes, can they self-administer the insulin? Yes No Unknown
8. Does your patient require a special diet? Yes No Unknown
 If yes, describe: _____
10. Socially fits in with other seniors? Yes No Unknown
11. Perform daily living skills, without cueing or reminders? Yes No Unknown
12. Does your patient have the tendency to wander? Yes No Unknown
13. **TB Screening:** Does your patient's history and/or symptoms inquiry indicate a need for TB testing prior to communal living in a senior's lodge Yes No
 If yes, has a referral been made to Public Health Yes No

PHYSICAL FINDINGS:

Is there past or present evidence of:	Yes	No	If Yes, give particulars (Please attach additional information if required)
Arthritis			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Stroke			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Incontinence (Bowels)			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Incontinence (Bladder)			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Renal Failure			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Respiratory Deficiencies:			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Nutritional Deficiencies:			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Depression:			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Cognitive Impairment			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Alzheimer's Disease:			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Mental Illness:			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Uncontrolled, Aggressive or Violent Behavior:			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Parkinson's Disease:			If Yes, <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Infectious Diseases/ Antibiotic Resistant Disease:			If Yes, Type:
Alcohol or Drug Abuse:			If Yes, <input type="checkbox"/> Past <input type="checkbox"/> Present Details: _____

