

SENIORS' HOMES & COMMUNITY HOUSING
APPLICATION FOR LODGE ADMISSION

Room 137 A, 5201 – 50 Avenue
Wetaskiwin, Alberta, T9A 0S7
Phone: 780-352-4435, Fax: 780-352-4458
www.srshomes.com

PLEASE ANSWER ALL QUESTIONS:

1. Applicant's name: _____
(Last) (First)
2. Address: _____
City: _____ Postal Code: _____
Phone Number _____
Owner _____ Renter _____ Self-contained _____ Group home/LTC _____
3. Birthdate: _____ Alberta Health Care Number _____
4. Marital Status: Married _____ Widowed _____ Single _____ Divorced _____ Forced Separation _____
5. Are you or any member applying for accommodation physically handicapped? YES NO
Please specify do you require a handicapped unit? YES NO _____
6. Length of residence: (1) In Wetaskiwin & area _____ (2) In Alberta _____
7. Language spoken fluently _____ Understood _____ Written _____
8. Are you capable of managing your own medications? YES NO Please specify _____
9. Are you receiving home care assistance at present? YES NO Please specify _____
10. Are you able to get to and from meals unassisted? YES NO Please specify _____
11. Are you able to feed and serve yourself at meals? YES NO Please specify _____
12. Do you require any type of special diet or food needs? YES NO Please specify _____
13. Are you able to dress and undress yourself unassisted? YES NO Please specify _____
14. Are you able to toilet yourself unassisted? YES NO Please specify _____
15. Do you require assistance with personal laundry? YES NO _____
16. Are you able to maintain your own incontinence and supplies? YES NO Please specify _____
17. Do you smoke? YES NO Do you have a smoke allergy? YES NO _____
18. Do you require a parking stall? YES NO (There is a charge for vehicle parking and limited space.)
Make, model & year of car _____
19. Emergency contact person (other than your spouse) *{form on page 5 must be completed and included}*
Name: _____
Address: _____ Postal Code: _____
Phone: _____ Relationship: _____

FOR YOUR INFORMATION

ROOM RATES CHANGE EVERY YEAR BY BOARD MOTION. PLEASE ASK FOR THE CURRENT RATES WHEN YOU ARE AT THE INTERVIEW.

WE REQUIRE A COPY OF YOUR CURRENT CHECKS AND RECENT INCOME TAX (page one & two only) TO VERIFY YOUR ELIGIBILITY FOR LODGE ADMISSION AND YOUR ABILITY TO MEET THE CURRENT RENTAL CHARGES.

CABLE AND MEDICATION ARE THE RESPONSIBILITY OF THE APPLICANT.

THE LODGES ARE NON-SMOKING FACILITIES. A SMALL RESIDENT ONLY SMOKING ROOM IS AVAILABLE BUT IS NOT FOR THE BENEFIT OF STAFF OR GUESTS OF THE LODGE.

FAMILIES MAY ENJOY A MEAL AT THE LODGE FOR A NOMINAL CHARGE AND WITH AT LEAST ONE HOURS NOTICE.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY POLICY

“PERSONAL INFORMATION COLLECTED FOR THE PURPOSES OF SENIORS’ HOMES & COMMUNITY HOUSING (PEACE HILLS COMPLEX & WEST PINE LODGE AND ANY ADDITIONS TO THESE FACILITIES) IS PROTECTED UNDER THE PROVISIONS OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, AND WILL NOT BE DISCLOSED TO A THIRD PARTY WITHOUT WRITTEN CONSENT.”

A) I AUTHORIZE THE USE OF MY NAME/PICTURE TO BE POSTED ON MY DOOR, ON THE DIRECTIONAL BOARD AT THE LODGE ENTRANCE AND FROM TIME TO TIME IN THE LODGE MONTHLY NEWSLETTER.

DATE: _____ SIGNATURE OF APPLICANT: _____

WITNESS: _____ MANAGER: _____

B) I AUTHORIZE THE USE OF MY NAME/PICTURE TO BE POSTED ONLY AS I SPECIFY HERE.

DATE: _____ SIGNATURE OF APPLICANT: _____

WITNESS: _____ MANAGER: _____

C) I DO NOT AUTHORIZE THE USE OF MY NAME/PICTURE TO BE POSTED ON MY DOOR, ON THE DIRECTIONAL BOARD AT THE LODGE ENTRANCE AND OR IN THE LODGE MONTHLY NEWSLETTER.

DATE: _____ SIGNATURE OF APPLICANT: _____

WITNESS: _____ MANAGER: _____

RESPONSIBLE PARTY STATEMENT

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DIRECTIONS FOR COMPLETION:

Please print clearly in all sections, and make sure that all blanks are properly filled. This statement is to be signed by an adult living outside of the Lodge. Couples may not use each other as the responsible party, as we will respect that you will answer for each other if one of you should become disabled or incapacitated. This statement is to assist us in the event that you should become incapacitated during your stay at the Lodge. All information is confidential and required only in case of an emergency.

APPLICANT'S NAME: _____



TO BE SIGNED BY THE PERSON OR PERSONS ASSUMING EMERGENCY RESPONSIBILITY FOR THE ABOVE APPLICANT.

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
HOME PHONE #: _____	HOME PHONE #: _____
WORK PHONE #: _____	WORK PHONE #: _____
OTHER PHONE #: _____	OTHER PHONE #: _____
RELATIONSHIP TO APPLICANT: _____	RELATIONSHIP TO APPLICANT: _____

I (we) certify that I (we) will be totally responsible for the above named applicant in the event that the applicant is unable to answer for him/herself. If the applicant does not abide by all the rules and regulations as set up from time to time by the Board of Directors of Seniors' Homes & Community Housing, I (we) agree to remove the applicant from the Lodge within thirty (30) days of being notified. I (we) further agree that the Board's decisions are final and binding on all parties concerned. I (we) understand that Home Care Service is provided in the Lodge and if a resident requires special or nursing care after admission, they may be asked to accept Home Care Services in order to continue their residency at the Lodge, **or else be requested to find alternate accommodation.** If the requirements are beyond the capability of Home Care to supply, **you will be requested to find alternate accommodation for the applicant and assist in supplying the applicants' needs until such time as alternate placement is arranged.**

Signature of responsible parties: _____

Date: _____ Print name of Witness: _____

Witness signature: _____

Housing Administrator: _____

CONFIDENTIAL MEDICAL REPORT

FOR LODGE ACCOMMODATION WITH SENIORS' HOMES & COMMUNITY HOUSING

Client seeks admission to our facilities, namely Peace Hills Complex, Wetaskiwin or West Pine Lodge, Winfield.

Please return this report directly to:

SENIORS' HOMES & COMMUNITY HOUSING
ROOM 137 A, 5201 50 AVENUE, WETASKIWIN, ALBERTA, T9A 0S7
Phone 780-352-4435 Fax 780-352-4458
Attention: Donna J. Andres, Housing Administrator

APPLICANT AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the examining physician, medical clinic, or hospital, to disclose information on my health and physical condition to Seniors' Homes & Community Housing, or it's designate, as it pertains to the viability of living in one of their Lodge facilities.

Print applicant name: _____ Date: _____

Applicant signature: _____

PRINT NAME OF EXAMINING PHYSICIAN: _____

EXAMINATION DATE: _____ PHYSICIAN PHONE #: _____

LENGTH OF TIME APPLICANT HAS BEEN YOUR PATIENT: _____

PHYSICAL CONDITION:

1. SIGHT: _____ good _____ impaired. _____

2. HEARING: _____ good _____ impaired. _____

3. MOBILITY: _____ walks without help, _____ walker/cane, _____ wheelchair.
TRANSFERS: _____ on their own, _____ with assistance (one or two person assist) _____

4. Is client able to **communicate** coherently? Explain _____

5. CONTINENT OF URINE: _____ CONTINENT OF FECES: _____
Method of control: _____

6. Does the client need assistance with any of the following:
i. Dressing/undressing: _____ Medications: _____
ii. Bathing: _____ Eating: _____
iii. Grooming/personal hygiene: _____ HOME CARE: _____

7. Does the client suffer from a chronic disorder that would affect others living in the facility? _____
Or that would require any special type of service/care/attention: _____

8. Does the client suffer from any communicable disease? _____

9. Does the client require assistance with medications? _____

10. Is your client physically able to manage in a communal setting with out personal/nursing care? _____

Note: the lodge is not staffed with nurses or aides and provides only housekeeping, meals & supervision.

11. Mental capacity to live in a communal setting: _____

12. MEDICAL HISTORY: _____

13. DRUG INTOLERANCE & ALLERGIES: _____

Signature of examining physician

PHYSICIAN STAMP/OFFICE STAMP

Date