

M. D of St. Paul Foundation

(Date Received: _____)

CONFIDENTIAL APPLICATION FOR LODGE ACCOMMODATION

Note: This is an application, not an agreement, to the M. D of St. Paul foundation for rental accommodation. To determine eligibility and placement a completed application, medical form and verification of financial information will be required. Final determination of eligibility will include a personal tour of the unit offered with the Facility Manager or their designate and a personal interview with the Manager. Any changes in household information should be reported.

I give my consent to the M. D of St. Paul Foundation Personnel to share pertinent information of the application with Home Care and other applicant representatives.

Initial

Return application to the location in which you are applying for.

SUNNYSIDE MANOR:

Email: l.odgaard@stpaulfoundation.ca

Mail: 4522 47 Ave

St. Paul, AB T0A 3A3

Or drop off in person at above address

ELK POINT HERITAGE LODGE:

Email: s.naundorf@stpaulfoundation.ca

Mail: 5338 50 Ave, Box 780

Elk Point, AB T0A 1A0

Or drop off in person at above address

APPLICANT

Date of application: _____
(mm/dd/yy)

(Mr. Mrs. Ms. Miss)

Name: _____

Present Address: _____
Postal Code: _____

Telephone: _____

Date of Birth: _____
mm/dd/yy

Personal Health Number; _____

Social Insurance Number: _____

Next of Kin:

1) Name: _____ 2) Name: _____

Relationship: _____ Relationship: _____

-

Address: _____ Address: _____

Phone #: _____ H) Phone #: _____ H)
_____ W) _____ W)

Executor of Will:

Address: _____ Phone #: _____

Trustee or Guardianship: _____ YES _____ NO

If YES:

Name: _____

Address: _____ Phone #: _____

Do you have a Personal Directive? _____ YES _____ NO

If YES, where is it
located? _____

Years of residency: At present address: _____
In Municipality: _____

In Canada: _____

Are you a Canadian Citizen? Yes No

Are you a Landed Immigrant? Yes No

Language: English French Other _____

When is Lodge accommodation required? _____

Location preferred: Sunnyside Manor _____ Elk Point Heritage _____

FINANCIAL INFORMATION:

Please attach a copy of your notice of assessment for the current tax year.

**DO YOU RECEIVE ALBERTA SENIOR'S BENEFITS? Yes _____
No _____**

Reason for Lodge Application: Please check all that apply.

Difficult to maintain/repair current accommodation.

Current accommodation cannot easily be renovated for personal circumstances.

Current housing not adequate—overcrowding, dysfunctional, loss of accommodation.

Moving for family support.

No affordable housing in current community.

Cannot easily access transportation and/or community services.

Not able to prepare meals and/or not eating properly.

Does not have assistance from family and/or community services.

Not able to participate in activities that meet your recreation preferences.

In current environment you are at risk for abuse and/or emergency condition.

Require lodge environment to assist with mental or physical concerns.

Eviction:

(reason) _____

Other: _____

Present accommodation is:

- House
- Apartment
- Mobile Home
- Other _____

Do you currently:

- Own
- Rent\$ _____
- Live with Family

If renting, name of Landlord: _____

Phone #: _____

EMERGENCY CONTACTS:

1.

Name: _____ Address: _____

Phone #: _____ (h) _____ (w)

Email address: _____

2.

Name: _____ Address: _____

Phone #: _____ (h) _____ (w)

Email address: _____

The information I have provided is true and accurate.

X _____

(Signature of Applicant)

M.D. of St. Paul Foundation

Sunnyside Manor

4522 - 47 Ave. St. Paul, AB. T0A 3A3

Phone: 780-645-3530, Fax: 780-645-3514

Elk Point Heritage Lodge

5338 - 50 Ave, Elk Point, AB. T0A 1A0

Phone: 780-724-4449, Fax: 780-724-3102

Health Professional Report

Name: _____ Date of Birth _____
Address: _____ Phone: _____
Alberta Health Care Number _____ How long has applicant been a client of yours: _____

The M.D. of St. Paul Foundation provides affordable Lodge accommodations to ambulatory seniors who have the mental and physical capabilities to perform daily living skills independently with controlled behavior and good judgment/decision making abilities.

Lodge provides meals, housekeeping services and 24-hour staffing. Given this information, is your client independent enough to:

- | | | | |
|--|---------|--------|-------------|
| 1. Physically manage personal care including dressing? | Yes ___ | No ___ | Unknown ___ |
| 2. Ambulate to and from a central, congregate dining room? | Yes ___ | No ___ | Unknown ___ |
| 3. Maintain an appropriate level of personal hygiene? | Yes ___ | No ___ | Unknown ___ |
| 4. Perform daily living skills, without cueing or reminders? | Yes ___ | No ___ | Unknown ___ |
| 5. Administer his/her own medications? | Yes ___ | No ___ | Unknown ___ |
| 6. Enter a lodge where no nursing care or special diets are available? | Yes ___ | No ___ | Unknown ___ |

Any comments that would be helpful in evaluating this applicant _____

Is the applicant currently receiving Homecare? Yes ___ No ___

Is there past or present evidence of:	Yes	No
Incontinence (Bowels or Bladder):	<input type="radio"/>	<input type="radio"/>
Cognitive Impairment:	<input type="radio"/>	<input type="radio"/>
Wandering:	<input type="radio"/>	<input type="radio"/>
Uncontrolled, Aggressive or Violent Behavior:	<input type="radio"/>	<input type="radio"/>
Alcohol or Drug Abuse:	<input type="radio"/>	<input type="radio"/>
Infectious Diseases:	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>

This Report is confidential and will only be used for the purpose of evaluating application for accommodation. If there is a lapse in time between application and occupancy, the Housing Authority may request an updated health report prior to move in.

Health Professional:

Signature: _____

Please Print

Phone: _____ Fax: _____ Date: _____

Thank you for assisting us with the health and welfare of our residents.

Lodge, Home Care, Family Responsibilities Outline

Lodge	Home care	Family
<ul style="list-style-type: none">• Meals• Clean room Weekly• Launder and supply bedding and towels• Laundry service for personal clothing is offered at a fee of \$35.00 per month.	<ul style="list-style-type: none">• Health assessment and maintenance by nurses• Assistance with day/evening medication if needed• Assist with baths• Help to dress/undress	<ul style="list-style-type: none">• Supply toiletries (soap, shampoo, etc.)• Supply adequate clothing• Provide transportation to and from appointments• Reorder incontinence pads• Return equipment to health unit when resident moves out.