Name of Applicant:_____

LAC STE. ANNE FOUNDATION

PO BOX 299 Mayerthorpe, AB T0E 1N0

APPLICATION INFORMATION

"Lac Ste Anne Foundation is responsible for ensuring safe and caring accommodations to citizens at an affordable cost; giving priority to those within the geographical jurisdiction of the Foundation"

Eligibility: Applicants will be interviewed as part of the approval process.
Applicants must be:

- 65 years of age or older.
- Able to live independently or with Personal Care Services assistance

Please number in order of preference which lodge(s), you are applying for:

_____ Chateau Lac Ste Anne
5123 49 Avenue
Onoway, AB
Phone: 780-967-0475
Fax: 780-967-0470

_____ Pleasant View Lodge
4407 42A Avenue
Mayerthorpe, AB
Phone: 780-786-2393
Fax: 780-786-4810

_____ Spruce View Heights Lodge
#12 Sunset Blvd
Whitecourt, AB
Phone: 780-778-5530
Fax: 780-778-5215

_____OFFICE USE ONLY

Information and completed documents to be submitted with the Application Form:

- ☐ **Most current Notice of Assessment** – (what Revenue Canada returns to you)
  (Contact Canada Revenue Agency at 1-800-959-8281 to request replacement documents if required.)
- ☐ **Application Form signed in the presence of a Commissioner of Oaths.**
- ☐ **Schedule 1: Resident Release for Assistance in Self-Administration of Medications form.**
- ☐ **Schedule 2: Authorization to Release Personal Information.**
- ☐ **Schedule 3: Resident Responsibility Form.**
- ☐ **Schedule 4: Authorization to Display Form.**
- ☐ **Schedule 5: Doctor Verification (medical report).**

Received On: _____ Received By: _____

Priority Rating: _____ Interviewed: _____

Priority Rating Committee Approval:_____

1. Applicant's Name: _____

(Surname) (Given Names)

Date of Birth: _____ Social Insurance Number: _____

Day/Month/Year

Alberta Health Care Number: _____Blue Cross Number:_____

Marital Status: ☐ Married/Common Law ☐ Divorced/Separated ☐ Widowed ☐ Single

2. Present Address: _____

(PO Box/ Apartment No. /Street)

_____Phone number: _____

(City/Town/Village) (Postal Code)

2-a ☐ Home owner ☐ Renter ☐ Social housing ☐ Other

3. Able to manage all financial affairs: ☐ Yes ☐ No

4. Appointed Power of Attorney: ☐ Yes ☐ No Name:_____

Physical Address: _____

Address: _____PostalCode_____ PhoneNo:_____

5. Appointed Executor: ☐ Yes ☐ No Name: _____

Physical Address:_____

Mailing Address: _____Postal Code_____ Phone No: _____

6. Are you a _____ Canadian Citizen, _____ Landed Immigrant, or _____?

7-a INCOME	Monthly $	Yearly $
Old Age Security	_____	_____
Guaranteed Income Supplement	_____	_____
Alberta Seniors Benefit	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
Company Pension	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other Income: Specify_____	_____	_____

7-b INTEREST INCOME

Please list all interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, etc.

_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL INCOME	_____	_____

Note: ALL INCOME MUST BE VERIFIED UPON ACCEPTANCE AS A RESIDENT. SUBMIT MOST RECENT NOTICE OF ASSESSMENT.

8. If you are on Social Assistance, please list name and office address of your Social Worker.

   Name: _____ Address: _____

9. If you have employment income, please state the name and address of the employer:

   Name: _____Address: _____

10. I have filled out the Resident Release for Assistance in Self-Administration of Medications form (*schedule 1*) that is attached: ☐ Yes ☐ No

11. I have filled out the Authorization to Release Personal Information *(schedule 2)* that is attached: ☐ Yes ☐ No

12. I have filled out the Resident Responsibility form *(schedule 3)* that is attached: ☐ Yes ☐ No

13. I have filled out the Authorization to Display form *(schedule 4)* that is attached: ☐ Yes ☐ No

14. I have filled out the doctor verification *(schedule 5)* that is attached: ☐ Yes ☐ No

    Family Doctor Name: _____ Phone: _____

    Address: _____

15. Alcohol use: ☐ Yes ☐ No Smoker: ☐ Yes ☐ No

16. Able to see to appropriate personal hygiene: ☐ Yes ☐ No

17. Requires bath assistance: ☐ Yes ☐ No

18. Able to do personal laundry: ☐ Yes ☐ No

19. Need for housekeeping services: ☐ Yes ☐ No

20. Do you own a vehicle: ☐ Yes ☐ No Do you require a parking stall: ☐ Yes ☐ No

21. Interests:

Special hobbies/interests: _____

Personal Talents (ie. music, singing): _____

22. Reason for housing request (ie. Loneliness): _____

_____

23. Have you previously applied with Lac Ste. Anne Foundation? ☐ Yes ☐ No
Have you rented from or received a rent subsidy from Lac Ste. Anne Foundation?
☐ Yes ☐ No

24. Other related information you wish to provide: -please attach separate page if more space is needed._____

_____

I _____ (applicant), certify that the foregoing is answered correctly and I agree by all rules and regulations as approved by the Lac Ste. Anne Foundation Board of Directors. I further agree not to bother, in any manner, other residents of the Lodge. I understand that Personal Care Services are provided in the Lodge, and that if I require increased special or nursing care after admission I may be asked to accept Personal Care Services or if necessary, find alternate lodgings.

X_____
(Signature of Applicant)

DOMINION OF CANADA)
PROVINCE OF ALBERTA)
TO WIT)

IN THE MATTER OF THIS APPLICATION 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 and 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, _____,) X_____
Signature of Applicant

In the town of_____,)

In the Province of Alberta, this _____ day of _____, 20___.

_____
A Commissioner of Oaths in and for the Province of Alberta

My Appointment Expires on: _____

Printed Name of Commissioner_____

Resident Release - Assistance in Self-Administration of Medications

1. I, the applicant for accommodation in Spruce View Lodge/Pleasant View Lodge/Chateau Lodge understand that my stay at the Lodge may involve the need to take medications prescribed by qualified physicians and filled by registered pharmacists.

2. I acknowledge these medications will be self-administered by me whenever possible and as long as possible.

3. I acknowledge that my general state of health may at some time in the future impair my ability and / or awareness in self-administering these medications.

4. In the event or such inability of lack of awareness, assistance with medication in the Lodge is done by Personal Care Services.

5. I will request Personal Care Services to assist me with my medications.

6. I hereby release and forever discharge the Lac Ste. Anne Foundation and its staff from all liability and claims of any nature whatsoever which I or my estate may have for any matters arising out of the assistance I may require in self-administration of medications throughout my stay at Spruce View Lodge/Pleasant View Lodge/Chateau Lac Ste Anne.

7. I understand Lodge staff can not assist me with any medications.

8. I have read over this Release, I understand its contents and I sign same freely and voluntarily.

DATED AT _____, THIS _____ DAY OF _____, 20__.

_____ _____

Applicant Witness

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I, _____(applicant), authorize the Lac Ste. Anne Foundation to exchange information concerning my health and social needs with Personal Care Services, its agents and employees, health professionals, and any other agency or social service provider.

I understand that this information will be kept confidential and will be used only in my best interest for assessing my health and social needs, for planning services to meet those needs, and for determining appropriate housing for me.

I release the Lac Ste. Anne Foundation, its employees and agents, from all claims which may arise as a result of the release of the information described above.

This authorization shall be valid during the time that I am a resident in the Lac Ste. Anne Foundation housing unless terminated at an earlier date by myself in writing.

Dated this _____ day of _____, 20___.

APPLICANT:

_____
(Signature)

WITNESS:

_____
(Signature)

RESIDENT RESPONSIBILITY FORM

APPLICANTS NAME: _____

PERSON(S) RESPONSIBLE FOR ABOVE NAMED APPLICANT:

1-NAME: _____

MAILING ADDRESS: _____Postal Code_____

PHYSICAL ADDRESS:_____

PHONE: (HOME) _____ (BUSINESS) _____

RELATIONSHIP TO APPLICANT: _____

EMAIL ADDRESS: _____

2-NAME: _____

MAILING ADDRESS: _____Postal Code_____

PHYSICAL ADDRESS:_____

PHONE: (HOME) _____ (BUSINESS) _____

RELATIONSHIP TO APPLICANT: _____

EMAIL ADDRESS: _____

I, (we) _____; certify that I (we) will be totally responsible for the above named applicant. 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 the Lac St. Anne Foundation, I (we) agree to remove the applicant from the Lodge within thirty (30) days of being notified. I (we) understand and agree that any damages to the building by the applicant over and above normal wear shall the responsibility of the applicant and / or the responsible party. I (we) further agree that the Board's decisions are final and binding on all parties concerned. I (we) understand that Personal Care Services are provided in the Lodge and if a resident requires special or Nursing Care after admittance they may be asked to accept Personal Care Service or find alternate lodgings.

_____ _____

Signature of Responsible - Name 1 Date

_____

Witness

_____ _____

Signature of Responsible - Name 2 Date

_____

Witness

Schedule 4

AUTHORIZATION TO DISPLAY

I, authorize the Lac Ste. Anne Foundation to use my name, and / or picture/video for display purposes in and around the lodge. On occasion, the Lac Ste. Anne Foundation may release to the newspapers for publication purposes my name or picture.

I release the Lac Ste. Anne Foundation, its employees and agents, from all claims which may arise as a result of the release of the information described above.

This authorization shall be valid during the time that I am a resident in the Lac Ste. Anne Foundation housing unless terminated at an earlier date by myself in writing.

Dated this _____ day of _____, 20___.

APPLICANT:

_____
(Signature)

WITNESS:

_____
(Signature)

Schedule 5

LAC STE ANNE FOUNDATION

CONFIDENTIAL MEDICAL REPORT

All of the information on this Medical Form is collected in order to determine eligibility for senior citizens who are capable of administering to their own personal needs in a lodge setting with Lac Ste Anne Foundation in accordance with the Freedom of Information & Protection of Privacy Act.

Name: _____ Date of Birth: _____

I, _____hereby authorize my physician to release the medical information of this form to Lac Ste Anne Foundation.

I have filled out the Authorization to Release Personal Information *(schedule 2)* that is attached: ☐ Yes ☐ No
Able to Medicate Self: ☐ Yes ☐ No Known Allergies: _____

Reaction Type: _____

Known Medical Conditions: _____

✕_____
Signature of Applicant

Name of Examining Physician (Please Print): _____

Telephone Number: _____ How long has the applicant been your patient? _____

PHYSICAL EXAMINATION

Mobility: Walks without help _____

Uses the following mobility aids: ☐ Walker ☐ Wheelchair ☐ Other (cane, etc.)

Is there a communication difficulty? ☐ Yes ☐ No

If yes, please explain _____

ACTIVITIES OF DAILY LIFE

Is the applicant able to prepare his/her own meals?	☐ Yes ☐ No
Is the applicant able to do his/her own housekeeping as required?	☐ Yes ☐ No
Can the applicant manage his/her own personal hygiene?	☐ Yes ☐ No
Are there any concerns with incontinence?	☐ Yes ☐ No

INDEPENDENCE FACTORS

Does the applicant show any signs of dementia?	☐ Yes ☐ No
Does the applicant have a history of alcohol or substance abuse?	☐ Yes ☐ No

Has the applicant been diagnosed with any deteriorating physical or mental health medical condition(s) that may impair his/her ability to manage independently at present or in the near future? ☐ Yes ☐ No

If yes, please explain _____

_____

Do you consider this applicant to be suitable mentally and physically to look after himself/herself in a Lodge setting where no special care or nursing care, (except for Personal Care Services) is available? ☐ Yes ☐ No

If no, please explain _____

_____

_____ _____
DATE DOCTOR'S SIGNATURE

Any charge for the completion of this form is the responsibility of the applicant. This certificate is valid for six months only. Please return this form to one of the following address via mail or fax:

☐ East
Chateau Lac Ste. Anne
Box 1225, Onoway, AB T0E 1V0
Fax: 780-967-0470

☐ Central
Pleasant View Lodge
Box 299, Mayerthorpe, AB T0E 1N0
Fax: 780-786-4810

☐ West
Spruce View Lodge
12 Sunset Blvd, Whitecourt, AB T7S 1S9
Fax: 780-778-5215