



Hythe and District Pioneer Homes

Box 388 10404 - 100 St, Hythe, AB, T0H 2C0
Telephone: (780) 356-3077, Fax: (780) 356-3938

SENIOR LODGE APPLICATION

PERSONAL INFORMATION:

Applicant

| | | |
|---|----------------------------|--|
| Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss _____ | | |
| Home Phone: () _____ | Other Phone: () _____ | |
| Birthdate: (dd/mm/yyyy) _____ | SIN #: _____ | |
| Health Care #: _____ | Blue Cross #: _____ | |

Co-Applicant

| | | |
|---|----------------------------|--|
| Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss _____ | | |
| Home Phone: () _____ | Other Phone: () _____ | |
| Birthdate: (dd/mm/yyyy) _____ | SIN #: _____ | |
| Health Care #: _____ | Blue Cross #: _____ | |

Next of Kin / Emergency

| | | |
|------------------------|------------------------|------------------------|
| Name: _____ | Relationship: _____ | |
| Address: _____ | City: _____ | |
| Home ph: () _____ | Work ph: () _____ | Cell ph: () _____ |

Are you: Canadian Citizen Landed Immigrant Other: _____

Length of Residence in Alberta: _____ Length of Residence in Grande Prairie/Community/Area: _____

Are you wanting to move because of: (Please explain on the next page if necessary)

- | | | |
|--|---|---|
| <input type="checkbox"/> No License/requires public transportation | <input type="checkbox"/> Requires lodge services/ Special Needs | <input type="checkbox"/> To be closer to family/friends |
| <input type="checkbox"/> Mobility concerns | <input type="checkbox"/> To be closer to doctor/medical | <input type="checkbox"/> Safety/security |

Are you applying for: Seniors Lodge Seniors Apartment

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> 2 Bedroom |
| | <input type="checkbox"/> 3 Bedroom |



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When can you move in? Immediately 1-3 Months 3-6 Months 6 Months - 1 Year

SPECIAL CIRCUMSTANCES

Please provide any additional comments regarding your desire or need to move to a Seniors Lodge or Seniors Apartment below.

Eviction: If you have been given a notice to vacate, please provide a copy of this notice.

HOUSING INFORMATION:

Mailing Address: _____ Postal Code: _____

Do you rent or own your present accommodation? Rent Own

Present Rental or Mortgage payment is \$ _____ per month.

If renting, name of your present Landlord: _____ Telephone: (____) _____

Do you pay for: Heat Light Water and Sewer

Present housing unit: House Apartment Rooming House Hotel/Motel Other: _____

Does your accommodation have: Kitchen Bathroom Living Room Yard Elevator

Number of bedrooms in your housing unit: _____

Does anyone live with you? Yes No If YES, how many people? _____

If YES, number of person(s) sharing a bedroom: _____

Are your shower and/or bathtub, toilet and washbasin all located in your bathroom? Yes No

If NO, please give details: _____

Are your stove, refrigerator, cupboards, counter space, and sink all located in your kitchen? Yes No

If NO, please give details: _____

Do you have a pet? Yes No If YES, what kind and how many of each? _____



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FINANCIAL INFORMATION

| Monthly Income: | Applicant | Co-Applicant | |
|---|------------------|---------------------|------------------------|
| Old Age Security (OAS) | _____ | _____ | |
| Guaranteed Income Supplement (GIS) | _____ | _____ | |
| Alberta Seniors Benefit (ASB) | _____ | _____ | |
| Canadian Pension Plan (CPP) | _____ | _____ | |
| Spouse Allowance | _____ | _____ | |
| Employment Income | _____ | _____ | |
| Investment Income | _____ | _____ | |
| Line 150 of your most recent tax return | _____ | _____ | ===== |
| Total Monthly Income | | | Combined Total: |

Assets: (list description and estimated NET value)

| | | |
|--------------|--------------------|--------------|
| Real Estate: | Description: _____ | Value: _____ |
| Machinery & | Description: _____ | Value: _____ |
| Vehicles: | Description: _____ | Value: _____ |

The information on this application is being collected under the authority of M.O. H:091/94 under the Alberta Housing Act. The Hythe & District Pioneer Homes Foundation will use this information to verify and assess housing services required by the applicant. The information is protected from public disclosure by sections 38, 40 and 41 of the Freedom of Information and Protection of Privacy Act.



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APPLICANT MEDICAL INFORMATION: Applicant Name: _____

Doctor Name: _____ Phone: _____

Please check the following that apply to you:

Subscribe to Lifeline Smoker

Mobility: Do you use any of the following:

Cane White Cane Walker Wheelchair Scooter

Home Care: Do you receive home care? Yes No

If yes, Please check the following supports you receive:

AM/PM Care: Dressing Getting in/out of bed

Personal Care: Bathing Toileting Pad Changes

Nursing: Nursing Describe: _____

How often does the nurse visit? _____

Other Home Care Assistance: Describe: _____

Please check the following services that you REQUIRE: (LODGE RESIDENTS ONLY)

Personal Laundry: Lodge laundry service Do your own laundry in Lodge Laundry done by Family

Linen Laundry: Occasional Laundry Service Weekly Several times a week (due to personal health needs)

Housekeeping: Occasional (ie. Annual Clean) Weekly Several times a week (due to personal health needs)

Safety & Security: Lifeline Personal Response System In The Building (ie: Nurse Call)

Routine Checks on Resident 24 hr Non-Medical Staff 24 hr Registered Nurse On Call
Wellness (ie. Meal Times)

Meal Service: Once a day Twice a day Three times a day

Special Diet: Diabetic Gluten Free Low Cholesterol Low Fat

Minced Food Cut-up Food Other: _____

Medication: Assistance With Medication

Social Activities: Daily Activities and Socialization With Other Residents

Please list any FOOD or DRUG ALLERGIES:

Signature: _____ Date: _____



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CO-APPLICANT MEDICAL INFORMATION: Co-Applicant Name: _____

Doctor Name: _____ Phone: _____

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Mobility: Do you use any of the following:

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