



(Date Received: _____)

CONFIDENTIAL APPLICATION FOR ACCOMMODATION

1. Ensure you have read the Facilities Information included in your application package before selecting your preferred location(s).
2. Complete Application and return to the site office of the location being applied for.
3. Please note: Failure to complete application in its entirety will result in a processing delay.

A. LOCATION APPLYING FOR

LODGE LIVING:

Complete **Orange** & **Blue** sections (A-G,I-J)

*Supportive Living Environment,
Income-Restricted, Services included*

- Clover Bar Lodge
- Dr. Turner Lodge
- Silver Birch Lodge

SENIORS' APARTMENTS:

Complete **Orange** & **Blue** sections (A-G,I-J)

Independent Living, Income Restricted

- Apple Blossom Manor (RGTI)
- Dr. T.W.E. Henry House (RGTI)
- Fort Lions Haven (RGTI)
- Homestead Place (RGTI)
- Lakeside Legion Manor (RGTI)
- Silver Birch Manor (Affordable)

LODGE SUITES:

Complete **Orange** & **Green** sections (A-F,H-I)

*Supportive Living Environment
No Income Restriction, Fee-based Services*

- Silver Birch Haven

.....

B. PERSONAL INFORMATION

PRIMARY APPLICANT

- Mr. Mrs. Miss Ms.

Name: _____ Phone #: _____
(Last) (First)

Address: _____
(Street/Box/Apartment) (Town/City) (Province) (Postal Code)

Age: _____ Birth Date: _____ / _____ / _____ Alberta Health Care #: _____
Day Month Year

Email Address: _____

Are you a: Canadian Citizen Landed Immigrant Other (specify) _____

CO-APPLICANT (IF APPLICABLE)

- Mr. Mrs. Miss Ms.

Name: _____ Phone #: _____
(Last) (First)

Address: _____
(Street/Box/Apartment) (Town/City) (Province) (Postal Code)

Age: _____ Birth Date: ____/____/____ Alberta Health Care #: _____
Day Month Year

Email Address: _____

Are you a: Canadian Citizen Permanent Resident Other (specify) _____

NEXT OF KIN/EMERGENCY CONTACT

If we are unable to contact you, we will contact your next of kin should the need arise.

Name: _____ Relationship: _____

Home phone: _____ Email: _____

Address: _____ Postal Code: _____

Name: _____ Relationship: _____

Home phone: _____ Email: _____

Address: _____ Postal Code: _____

C. FACILITY PREFERENCE

First Choice: _____ Second Choice: _____

Why are you applying for Seniors Housing? _____

Have you ever had accommodation with Heartland Housing Foundation? Yes No

If yes, reason for leaving: _____

D. PLEASE CHECK IF YOU ARE RECEIVING ANY OF THESE SERVICES

- D.A.T.S/S.C.A.T.S
- Occupational Therapy
- Medical Alert System
- Bathing
- Meals on Wheels
- Physio Therapy
- Day Program
- Private Care (give contact name) _____
- Mental Health Services (give contact name) _____
- Home Care (give Home Care Coordinator's name) _____
- Social Assistance/A.I.S.H Worker (give contact name) _____
- Other (specify) _____

E. CURRENT ACCOMMODATION

Is your current accommodation: Owned Rented

Type of accommodation: House Apartment or Condo w/ elevator Hotel/Motel
 Lodge Apartment or Condo w/o elevator

If renting, the name of your present landlord: _____ Phone #: _____

Rent or house payment: \$_____/month Do you pay: Power Water Gas

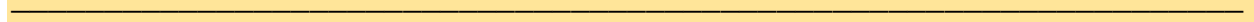
Rooms: Kitchen Living Room Dining Room #/Bedrooms ____ #/Bathrooms ____

Number of person(s) sharing your present accommodation: ____ Adults ____ Children

Number of person(s) sharing the: ____ kitchen ____ bathroom ____ bedroom

How long have you lived at your current address? _____ months _____ years

Do you require accommodation adapted for a special need (example: walker, wheelchair, scooter, etc)? Yes No If yes, please describe _____



F. ACTIVITIES OF DAILY LIVING

Do you complete? Vacuuming Washing Floors Dusting Laundry Yard Care

If no to any of the above, describe how they are completed _____

Do you prepare your own meals? Yes No If no, describe _____

How do you manage your medication? Vials Dosette Blister Pac

Is it satisfactory? Yes No Do you receive assistance from Home Care? Yes No

If yes, describe _____

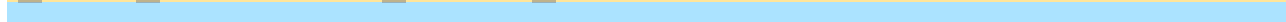
What are your special interests/hobbies? _____

How often do you attend activities/functions outside of your home?

At least once per week Once every 2 weeks Once per month Rarely

Do you own a vehicle: Yes No If no, what method of transportation do you use?

Taxi Bus/Handibus Family Volunteers



G. MONTHLY INCOME

All income must be verified upon acceptance as a tenant. Please provide a copy of your most recent income tax notice of assessment. (*Haven suite applicants exempt.*)

INCOME (CURRENT MONTHLY)	APPLICANT \$	CO-APPLICANT \$
Old Age Security and Guaranteed Income Supplement		
Alberta Seniors Benefit Program		
Spouse Allowance		
Canada Pension Plan		
Company Pension		
Employment Income		
Social Assistance		
Other Income (Specify)		

H. PREFERRED SILVER BIRCH HAVEN ACCOMMODATION

Single Tenants: Studio Unit 1-bedroom Couples: 1-bedroom 2-bedroom

Are you currently on any of Heartland Housing Foundations' facilities waitlists? Yes No

If Yes, which facilities: _____

I. APPLICANT'S ACKNOWLEDGMENT

I understand that this is an application and not an agreement on the part of Heartland Housing Foundation to provide me with rental accommodation.

I further acknowledge the right of Heartland Housing Foundation, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel without penalty or liability for damages or otherwise, any prior approval of this application. I authorize Heartland Housing Foundation to investigate all the statements made in this application, being aware that discovery of any false statement may cancel any further consideration of this application. I further agree that I am obligated to advise Heartland Housing Foundation, in writing, of any changes in family composition, health status, change of address, and gross family income, should they occur.

I understand that this information is being collected under the authority of the Freedom of Information and Protection of Privacy Act (32-C) and is required for the purpose of administering a housing program. Any questions or concerns should be directed to the FOIP Coordinator at Heartland Housing Foundation.

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.

Signature of Applicant

J. AUTHORIZATION FOR RELEASE OF INFORMATION

Your personal information is being collected under the authority of the Alberta Housing Act and its regulations. **Information gathered during the application, interview process and wellness support contacts will be used to determine your eligibility for housing with Heartland Housing Foundation.**

Please list the preferred health care & social support contacts that you authorize HHF to contact (these may include, but are not limited to, your doctor, home care nurse, or social worker).

Name: _____ Phone #: _____
(Last) (First)

Name: _____ Phone #: _____
(Last) (First)

I, _____, authorize the collection and disclosure of information regarding my health and social needs between Heartland Housing Foundation and my health care professionals, social workers, and designated contact person to determine my eligibility for housing. This authorization will remain valid from this date forward unless revoked by me in writing.

Signature of Applicant Date

Signature of Witness Date



FOR OFFICE USE ONLY

- Application Accepted
- Application Refused (Application Incomplete Does not Qualify Other _____)

Application Interview Scheduled for: _____

