Application – Senior Housing
North Peace Housing Foundation
6780 103 Avenue, Peace River, AB T8S 0B6
Ph: 780.624.2055 Fax: 780.624.2065

NORTH PEACE HOUSING FOUNDATION SENIOR HOUSING APPLICATION

WE DO NOT OFFER EMERGENCY HOUSING OR FUNDING

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS IT IS COMPLETE AND ALL DOCUMENTS ARE RECEIVED

GUIDELINES

1. Any adult that will be residing in the unit must sign the application and provide income verification;
2. It is the applicant's responsibility to update any information on the application;
3. Once the application is completed in full, you may *submit your application to the location you are applying for*. You will be contacted by the Housing Manager for an interview and to sign the Freedom of Information and Protection of Privacy Act Consent and Notification and the Consent to Obtain and Give Housing Reference Information;
4. We require a minimum of three references for all self-contained applicants; references can include previous or current landlords, supervisors from past or current employment, or volunteer positions. Support workers are not eligible references. Please have your reference(s) name and contact information available at the time of the interview. Final approval of your application is subject to obtaining acceptable references;
5. Please ensure that you contact your references in advance and ask their permission;
6. All applications for admission are prioritized according to need and approved residency criteria;
7. If an applicant refuses the unit offered to them, they will be placed on the inactive waiting list. This list will only be referred to if there are no applicants on the active waiting list;

TO ENSURE CONTINUING ELIGIBILITY, AN UPDATED VERIFICATION OF INCOME IS REQUIRED AT THE TIME A SUBSIDY OR HOUSING UNIT IS OFFERED.

NORTH PEACE HOUSING HAS A STRICT NO PET POLICY.

Homesteader Lodge
(Hines Creek & Worsley)
908-2 Avenue
Hines Creek, AB
Ph: (780) 494-3500
Fax: (780)494-3501
Manager: Tracey Riewe

Harvest Lodge
10400-108 St.
Fairview, AB
Ph: (780) 835-2862
Fax: (780)835-3882
Manager: Kelli Drake

Heritage Tower
(Peace River, Nampa)
Grimshaw & Berwyn)
#100, 101-23-103 Ave.
Peace River, AB
Ph: (780)624-3919
Fax: (780)624-3918
Manager: Linda Landaker

Del-Air Lodge
202-1st Avenue SW
Manning, AB
Ph: (780) 836-3325
Fax: (780)836-3326
Manager: Sharon Henitiuk

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PREFERRED LOCATION

Please choose the type of accommodation and the location your prefer

Lodge	Senior Apartment **Meals are available*
☐ Del-Air Lodge, Manning ☐ Homesteader Lodge, Hines Creek ☐ Heritage Tower, Peace River ☐ Harvest Lodge, Fairview Affordable Seniors Housing ☐ Garden Court, Peace River ☐ Manning Seniors Affordable Housing	☐ Autumn Villa, Berwyn ☐ Legion Court, Grimshaw ☐ Legion Place, Grimshaw ☐ Greene Valley, Peace River ☐ Nampa Seniors, Nampa ☐ Manning Seniors, Manning ☐ Garrison Manor, Fairview ☐ Pioneer Village, Worsley

Would you consider other locations? If yes, please provide other locations:

1. _____ 2. _____

When can you move in? ☐ 1-3 Months ☐ 4-6 Months ☐ 6 Months – 1 Year

APPLICANT

Last Name	First Name	Other Names (AKA)
Birthdate	☐ M ☐ F Sex	☐ Yes ☐ No Canadian Citizenship
Health Care Number:		

CO-APPLICANT

Last Name	First Name	Other Names (AKA)
Birthdate	☐ M ☐ F Sex	☐ Yes ☐ No Canadian Citizenship
Health Care Number:		

CONTACT INFORMATION

Mailing Address				
PO Box	Street Address	City/Town	Province	Postal Code
Primary Phone Number				
Secondary Phone Number				
Primary Email				

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NEXT OF KIN

Last Name First Name Other Names (AKA)

Mailing Address

PO Box Street Address City/Town Province Postal Code

Phone Number

Relationship:

RESIDENCY

How long have you lived in Canada?

How long have you lived in Alberta?

What Municipalities have you lived in (i.e. where did you pay your taxes):

Municipality:_____From_____to_____

Municipality:_____From_____to_____

Municipality:_____From_____to_____

Have you resided with NPHF in the past?

If yes, where: _____ When: _____

Do you rent or own your present accommodation?

☐ Rent ☐Own ☐ Live with family/friends

If renting, name of present Landlord:

Name: _____ Contact Number: _____

How many bedrooms are in your current accommodation?

Are you sharing your accommodation with someone other than your spouse or common law?

If your accommodations are shared, how many people live with you? (Excluding spouse or common law)

Adults: _____ Children: _____

How much do you currently pay for rent or mortgage per month?

$_____

Check the following utilities that you pay for:

☐ Heat ☐ Electricity ☐ Water and Sewer ☐ Other

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CURRENT RESIDENCE CON'T

What type of unit are you currently living in?

☐ House ☐ Apartment ☐ Rooming House ☐ Hotel/Motel ☐ Other

Does your current accommodation have?
☐ Kitchen ☐ Living Room ☐ Yard ☐ Elevator ☐ Bathroom

☐ Dining Room # of Bedrooms: _____

REASON FOR APPLICATION

Please provide personal history as to why you are applying with North Peace Housing Foundation

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FUNCTIONAL INDEPENDENCE/ NEEDS ASSESSEMENT

Fill out this checklist to let us know why you are applying for residency in one of our units. Check all that apply:

Do any members of your immediate family live in the area? □ Yes □ No

I am unable to prepare my own meals and/or eat properly. □ Yes □ No

There are no services available in my area such as *Meals on Wheels.* □ Yes □ No
Explain: _____

I am unable to participate in social/spiritual/physical/intellectual/cultural activities. □ Yes □ No
□ Not available in my community

I have limited access to services and amenities. □ Yes □ No
Because: □ There is no public transportation □ I do not have a license
□ I have no family/friend support □ My Dr./Medical support is outside of my area
Other: _____

My current environment is placing my safety and security at risk. □ Yes □ No
Explain: _____
□ Forgetful with tasks (ex. leaving stove on) □ Fearful of where I am living
□ Living in an abusive environment

I require assistance with personal care. □ Yes □ No
Explain: _____

I have unstable, and/or predictable care needs that cannot be managed on a routine or schedule.
□ Yes □ No

I am noticing a decline in my mental capacity to be able to manage day to day activities.
□ Yes □ No

I am having mobility issues in my current accommodations. □ Yes □ No

There are no other suitable or affordable accommodations in my area. □ Yes □ No

I am unable to do my own housekeeping. □ Yes □ No

I am unable to do minor repairs or to maintain my home. □ Yes □ No

I am unable to complete and maintain my yard work. □ Yes □ No

My current accommodation is not accessible or adaptable for my current condition. □ Yes □ No
(e.g. I have difficulty with stairs.)

My current accommodation requires major repairs. □ Yes □ No
(e.g. Structural, electrical, heating, etc.)

My current accommodation has poor environmental conditions. □ Yes □ No
(e.g. Excessive noise, allergens, etc.)

FUNCTIONAL INDEPENDENCE/ NEEDS ASSESSMENT CON'T

My current accommodation is not adequate due to overcrowding, dysfunction, or loss of accommodation (due to eviction). ☐ Yes ☐ No

Are you applying for Lodge admittance as a result of an emergency situation including family violence? ☐ Yes ☐ No

I have been evicted (please provide eviction notice). ☐ Yes ☐ No

If you are *currently* receiving services please explain what services and who is providing them (e.g. Family Community Support Services, Home Care, private care, etc.)

_____

FINANCIAL INFORMATION

Do you have a will? ☐ Yes ☐ No

Does the Co-Applicant have a will? ☐ Yes ☐ No

Where is/are the will(s) located?: _____

Name and address of Executor: _____

_____

_____

Please refer to the following list to ensure you have provided all of the required supporting documents for your application package:

Under 65: Income Verification (copies of your pay stubs for the past three months.), most recent Income Tax Summary, and all other sources of income.

65 and Over: A copy of your most recent Notice of Assessment; if you do not have a copy of your notice of assessment, please contact the Canada Revenue Agency toll free at 1-800-959-8281 to request a copy.

Please provide the following on a monthly basis:	**Applicant**	**Co-Applicant**
Old Age Security	_____	_____
Guaranteed Income Supplement (GIS)	_____	_____
Alberta Seniors Benefit (ASB)	_____	_____
Canadian Pension Plan	_____	_____
Spouse Allowance	_____	_____
Employment Income	_____	_____
Investment Income	_____	_____
RRSP or RIF's	_____	_____
Other (Explain) _____	_____	_____

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FINANCIAL INFORMATION CON'T

Do you have an Enduring Power of Attorney appointed to deal with your financial affairs?
☐ Yes ☐ No

If yes, please list: Name: _____ Phone Number: _____

Relationship: _____

Is this Power of Attorney currently in effect (has it been enacted by a doctor?) ☐ Yes ☐ No

ASSETS

Do you own/lease a vehicle? ☐ Yes ☐ No Approximate Value: _____
Amount outstanding on loan: _____ Make/Model: _____
Year: _____ Approximate KMS: _____

Do you own any property or land? ☐ Yes ☐ No
Is it full ownership? ☐ Yes ☐ No
Is it partial ownership? ☐ Yes ☐ No Percentage of Ownership? _____

Land/House Description: _____

Approximate Value: _____Amount Outstanding on Mortgage: _____

Do you have ownership in a business? ☐ Yes ☐ No
Name/Address of Business: _____

Percentage belonging to you: _____ Percentage belonging to Co-Applicant: _____

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STATUTORY DECLARATION

DOMINION OF CANADA)
PROVINCE OF ALBERTA)
TO WIT)

IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION IN THE HOUSING PROJECT.

APPLICANT: I, _____ of the _____ of

_____ in the Province of Alberta, do solemnly declare as follows:

CO-APPLICANT: I, _____ of the _____ of

_____ in the Province of Alberta, do solemnly declare as follows:

1. That I/We am/are the applicant(s) named in the said application;
2. That any statements made by me/us in the said application are to the best of my/our knowledge, information and belief, full and true in all respects, and that;
3. That I/we have resided in _____ of Alberta for (Applicant): _____/(Co-App):_____ years of my/our life, and in the district for (Applicant): _____/(Co-App)_____ years.

And I/we made this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect if made under oath and by virtue of the "Canada Evidence Act".

Declared before me at)
_____)
in the Province of Alberta)
)
this _____ day of)
_____, 20___)

_____
Signature of Applicant

_____
Signature of Co-Applicant

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

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CONFIDENTIAL MEDICAL REPORT

This form is to be completed by an examining physician ONLY; please complete and return to the applicable Manager:

Homesteader Lodge	Harvest Lodge	Heritage Tower	Del-Air Lodge
(Hines Creek & Worsley)	10400-108 St.	(Peace River, Nampa,	202-1st Avenue SW
908-2 Avenue	Fairview, AB	Grimshaw & Berwyn)	Manning, AB
Hines Creek, AB	Ph: (780) 835-2862	#100, 10123-103 Ave.	Ph: (780) 836-3325
Ph: (780) 494-3500	Fax: (780)835-3882	Peace River, AB	Fax: (780)836-3326
Fax: (780)494-3501	Manager: Kelli Drake	Ph: (780)624-3919	Manager: Sharon
Manager: Tracey Riewe		Fax: (780)624-3918	Henitiuk
		Manager: Linda Landaker	

The information on this medical is being collected under the authority of M.O. H:062/96 under the Alberta Housing Act. The North Peace Housing 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, 41 of the Freedom of Information and Protection of Privacy Act.

Name of Applicant: _____ Age:_____

Examining Physician: _____ Date Examined: _____

Physician Address: _____ Physician Phone: _____

How long has the applicant been your patient? _____ Routine Check Ups? _____

Condition

Is the applicant's current health stable? ☐ Yes ☐ No Are there any chronic health concerns? ☐ Yes ☐ No

Infectious Diseases? ☐ Yes ☐ No

Explain and list medical history:

_____

_____

_____

Has the applicant been hospitalized in the last year? ☐ Yes ☐ No If yes, how many times? _____

Does the patient have any allergies? ☐ Food ☐ Medication ☐ Environment

Explain: _____

Does the applicant have oxygen? ☐ Yes ☐ No If yes, can they manage independently? ☐ Yes ☐ No

Does the applicant have a Pacemaker? ☐ Yes ☐ No

Does the applicant require home care? ☐ Yes ☐ No If yes, how often? _____

Is the applicant diabetic? ☐ Yes ☐ No ☐ Type 1 ☐ Type 2

Does the applicant use insulin? ☐ Yes ☐ No If yes, can they self-administer the insulin? ☐ Yes ☐ No

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Does the applicant require a special diet?

□ Diabetic □ Gluten Free □ Low Cholesterol □ Low Fat □ Minced food □ Cut Up Food

□ Other: _____

Cognitive & Behavioural

Is there any evidence of decline in cognition? □ Yes □ No

How is the applicant's memory recall? □ Good □ Needs some cueing □ Severely Impaired

How are the applicant's skills for daily decision making? □ Good □ Needs some cueing □Severely Impaired

Is there any past or present evidence of:

Depression □ Yes □ No If yes, □ Mild □ Medium □ Severe

Cognitive Impairment □ Yes □ No If yes, □ Mild □ Medium □ Severe

Alzheimer's Disease □ Yes □ No If yes, □ Mild □ Medium □ Severe

Dementia Disease other than Alzheimer's □ Yes □ No If yes, □ Mild □ Medium □ Severe

Mental Illness □ Yes □ No If yes, explain: _____

Tendency to Wander □ Yes □ No

Uncontrolled Aggressive or Violent Behaviour □ Yes □ No

Socially inappropriate/disruptive behaviour □ Yes □ No
If yes, explain: _____

Resists care □ Yes □ No

Smokes □ Yes □ No

Alcohol or drug abuse □ Yes □ No If yes, □ Past □ Present

Are there any ongoing treatments, medications and/or consultations for the above issues? □ Yes □ No

Explain:_____
_____
_____

Communication & Vision

How is the applicant's hearing? □ Normal □ Impaired □ Absent □ Hearing Aid

How is the applicant's vision? □ Normal □ Impaired □ Absent □ Good with glasses

Is there communication difficulty? □ Yes □ No

If yes, why? □ Mental Causes □ Deafness □ Speech Impediment □ Language Barrier

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Personal Care

Does the applicant require assistance transferring in and out of bed and to the bathroom? □ Yes □ No

Is the applicant's urine continent? □ Yes □ No Is the applicant's bowel continent? □ Yes □ No

Does the applicant require a two-person assist when transferring or mechanical lift? □ Yes □ No

Mobility

Does the applicant have any of the following mobility aids?
□ Cane □ White Cane □ Walker □ Wheel Chair □ Scooter

If the applicant uses a wheelchair, please specify: □ Indoor □ Outdoor

Uses it: □ Occasionally □ Regularly

Please rate the applicant's mobility:

□ Excellent – independent with no mobility aids □ Good – with minimal help with mobility aids

□ Good – but dependent on mobility aid □ Use a wheelchair but can transfer in/out

□ Confined to wheelchair

Required Assistance

Does the applicant require assistance with the following?

□ Dressing □ Feeding □ Bathing □ Personal Hygiene (such as combing hair, brushing teeth, etc.)

Does the applicant require assistance with the following?

□ Medication □ Monitoring blood pressure □ Foot care □ Other nursing:_____

Does the applicant require meal reminders? □ Yes □ No

Does the applicant require assistance to and from the dining room in the lodge? □ Yes □ No

Is the applicant epileptic? □ Yes □ No

Medical Diagnosis and other Pertinent Information:

_____

_____

_____

Physician Signature: _____ Date: _____

If there are any other special circumstances that have not been outlined on this medical form, please attach an explanation on a separate page.