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## NORTH PEACE HOUSING FOUNDATION SENIOR HOUSING APPLICATION

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### 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: Katika Schaeffer

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

**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**  
202-1<sup>st</sup> Avenue SW  
Manning, AB  
Ph: (780) 836-3325  
Fax: (780)836-3326  
Manager: Sharon  
Henitiuk



## Application – Senior Housing

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

### PREFERRED LOCATION

Please choose the type of accommodation and the location your prefer

<p><u>Lodge</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Del-Air Lodge, Manning</li> <li><input type="checkbox"/> Homesteader Lodge, Hines Creek</li> <li><input type="checkbox"/> Heritage Tower, Peace River</li> <li><input type="checkbox"/> Harvest Lodge, Fairview</li> </ul> <p><u>Affordable Seniors Housing</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Garden Court, Peace River</li> <li><input type="checkbox"/> Manning Seniors Affordable Housing</li> </ul>	<p><u>Senior Apartment</u> <i>*Meals are available</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Autumn Villa, Berwyn</li> <li><input type="checkbox"/> Legion Court, Grimshaw</li> <li><input type="checkbox"/> Legion Place, Grimshaw</li> <li><input type="checkbox"/> Greene Valley, Peace River</li> <li><input type="checkbox"/> Nampa Seniors, Nampa</li> <li><input type="checkbox"/> Manning Seniors, Manning</li> <li><input type="checkbox"/> Garrison Manor, Fairview</li> <li><input type="checkbox"/> Pioneer Village, Worsley</li> </ul>
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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			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Sex		Canadian Citizenship	
Health Care Number:						

### CO-APPLICANT

Last Name			First Name		Other Names (AKA)	
Birthdate			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Sex		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? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> 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: <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Water and Sewer <input type="checkbox"/> Other





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### FUNCTIONAL INDEPENDENCE/ NEEDS ASSESSMENT

**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.)

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**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: \_\_\_\_\_

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***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 <u>monthly</u> basis:	<b>Applicant</b>	<b>Co-Applicant</b>
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

Amount outstanding on loan: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate Value: \_\_\_\_\_

Make/Model: \_\_\_\_\_

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: \_\_\_\_\_







**Application – Senior Housing**

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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**  
(Hines Creek & Worsley)  
908-2 Avenue  
Hines Creek, AB  
Ph: (780) 494-3500  
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Manning, AB  
Ph: (780) 836-3325  
Fax: (780)836-3326  
Manager: Sharon Henitiuk

*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



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.*