



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:

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



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 you prefer

<p><u>Lodge</u></p> <p><input type="checkbox"/> Del-Air Lodge, Manning <input type="checkbox"/> Homesteader Lodge, Hines Creek <input type="checkbox"/> Heritage Tower, Peace River <input type="checkbox"/> Harvest Lodge, Fairview</p> <p><u>Affordable Seniors Housing</u></p> <p><input type="checkbox"/> Garden Court, Peace River <input type="checkbox"/> Manning Seniors Affordable Housing</p>	<p><u>Senior Apartment</u> <i>*Meals are available</i></p> <p><input type="checkbox"/> Autumn Villa, Berwyn <input type="checkbox"/> Legion Court, Grimshaw <input type="checkbox"/> Legion Place, Grimshaw <input type="checkbox"/> Greene Valley, Peace River <input type="checkbox"/> Nampa Seniors, Nampa <input type="checkbox"/> Manning Seniors, Manning <input type="checkbox"/> Garrison Manor, Fairview <input type="checkbox"/> Pioneer Village, Worsley</p>
<p>Would you consider other locations? If yes, please provide other locations:</p> <p>1. _____ 2. _____</p> <p>When can you move in? <input type="checkbox"/> 1-3 Months <input type="checkbox"/> 4-6 Months <input type="checkbox"/> 6 Months – 1 Year</p>	

APPLICANT

Last Name		First Name		Other Names (AKA)	
Birthdate		<input type="checkbox"/> M <input type="checkbox"/> F Sex		<input type="checkbox"/> Yes <input type="checkbox"/> No Canadian Citizenship	
Health Care Number:					

CO-APPLICANT

Last Name		First Name		Other Names (AKA)	
Birthdate		<input type="checkbox"/> M <input type="checkbox"/> F Sex		<input type="checkbox"/> Yes <input type="checkbox"/> 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? <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.)



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**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 <u>monthly</u> 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: _____



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





CONFIDENTIAL MEDICAL REPORT

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

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Hines Creek, AB
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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



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.