



Dear Applicant:

Application to any of the Acadia Foundation's Lodges requires the completion of an application form and a personal interview. This information is then reviewed in terms of eligibility and need for Lodge accommodation and put on a priority wait list.

The eligibility criterion includes:

- Age – must be at least 65 years of age
- Functional independence – able to look after their own day to day needs
- Suitability
- Must have tenant insurance
- Must have copy of line 150 of income tax or tax assessment

Attached you will find two forms:

- Application For Lodge Residency
- Confidential Medical Report

Please complete the application form and have your physician complete the Medical Report. Your physician will forward the report directly to the lodge. (Any charges incurred for completion of the medical report are your responsibility.) When the above forms have been completed you should contact the appropriate Lodge manger and make an appointment for a personal interview. A close family member may accompany you to the interview. Please bring the completed forms with you to the interview and/or ensure that your physician has forwarded the medical form to the appropriate Lodge office. Once you have completed the interview process and all the forms have been received, it is then that your application for Lodge Accommodation will be considered complete. It will then be processed and you will be notified when a suite becomes available for you.

It is your responsibility to ensure that the information on this application form is kept current; therefore, you should notify the appropriate Lodge should you have any questions regarding your application, its status, or any changes to your circumstances.

It is your responsibility to have funding in place prior to moving into the lodge to ensure that you have adequate resources available. Application forms & information for additional government funding programs are available upon request at any of our lodges.

Sincerely,

*The Acadia Foundation*

# ACADIA FOUNDATION APPLICATION FOR LODGE RESIDENCY

## Consort Lodge

Bag Service 1001  
4530 – 52 Ave.  
Consort, Ab. T0C 1B0  
Ph: 403-577-3832  
Fax: 403-577-2261

## Hanna Lodge

Box 160  
603 Palliser Trail W  
Hanna, Ab. T0J 1P0  
Ph: 403-854-3288  
Fax: 403-854-2871

## Oyen Lodge

Bag Service 3000  
310-2<sup>nd</sup> St. W  
Oyen, Ab. T0J 2J0  
Ph: 403-664-3661  
Fax: 403-664-2964

This confidential information is being collected in accordance with the Alberta Housing Act, in that it is related directly to and is necessary to determine eligibility to applicants for the Consort Lodge. Personal information contained herein may be disclosed if deemed necessary to assess eligibility of applicant. For further information please contact the FOIP (Freedom of Information and Protection of Privacy) co-ordinator for Acadia Foundation.

Please note that incomplete applications or applications submitted without all requested information will not be processed until completed in full.

### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Surname Given Names

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Alberta Health Care \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Insurance # \_\_\_\_\_  
Month, Day, Year

Marital Status: \_\_\_\_\_ Married/Common Law \_\_\_\_\_ Single \_\_\_\_\_ Widow(er) \_\_\_\_\_ Divorced/Separated

Name and address of responsible party to be notified in case of an emergency:

1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell

Name and complete address of alternative contacts:

2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell

3 \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell

4 Executor of my Estate: Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell

Do you have a personal directive \_\_\_\_\_ yes \_\_\_\_\_ no

Your agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you lived in an Acadia Foundation Lodge or apartment in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which facility? \_\_\_\_\_

When are you prepared to move?

Please indicate the reason(s) you are applying for lodge accommodation:

\_\_\_\_\_ preparing nutritious meals is difficult \_\_\_\_\_ not eating properly, poor appetite

Do you receive meals on wheels? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how often? \_\_\_\_\_

What type of activities do you participate in? \_\_\_\_\_

What method of transportation do you use? \_\_\_\_\_ Own \_\_\_\_\_ Taxi \_\_\_\_\_ Other  
If other, please specify: \_\_\_\_\_

Do you feel secure in current accommodation?  Yes  No

Find current accommodation lonely?  Yes  No

Do you use any mobility aids?  Yes  No

If yes, what type:  Cane  Walker  Manual Wheelchair  
 Electric Wheelchair  Other

Do you receive Homecare to help with personal care and/or bathing assistance?  
 Yes  No

Difficulty maintaining upkeep of current accommodation?  
(i.e. yard work, snow shovelling)  Yes  No

Is housekeeping too much to handle?  Yes  No

Concerns regarding the use of stairs? specifically:

entry stairs  
 laundry in basement  
 bedrooms on 2<sup>nd</sup> level  
 sharing accommodations with family or other

Do you have to share bathroom facilities?  Yes  No

Do you currently:  Own  Rent  Live with Family  
 Other  Social Housing

If renting, Landlord's Name: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

How many people reside with you? \_\_\_\_\_

Do you receive the Alberta Seniors Benefit?  Yes  No If yes, amt: \$\_\_\_\_\_

**\*\* PLEASE NOTE: THE TERM "NEXT VACANCY" DOES NOT NECESSARILY MEAN YOU WILL BE THE PERSON CALLED TO MOVE IN WHEN THE NEXT UNIT BECOMES AVAILABLE. IT IS SIMPLY OUR WAY OF DETERMINING IF YOU ARE WILLING TO MOVE IN WHEN YOUR NAME COMES UP, WHETHER IT IS NEXT WEEK OR THREE MONTHS DOWN THE ROAD. \*\***

**FINANCIAL INFORMATION**

In order to process your application, please enclose your most recent copy of your income tax return along with the corresponding Notice of Assessment from Revenue Canada.

**RESIDENCY AGREEMENT  
Responsible Party and/or Legal Guardian Form**

1. \_\_\_\_\_ being the responsible party and/or legal guardian for the applicant do agree that should the applicant require any special care, I will make arrangements to accommodate those special needs. This could include providing and arranging additional personal care within the Lodge. All decisions of this nature will be made at the discretion of Acadia Foundation, in accordance with the eligibility requirements for lodge residents. I also agree to pay the costs of any additional personal care if the resident is unable to. In the event of an emergency, lodge personnel reserve the right to contact an outside agency if deemed necessary. Any changes arising from this will be the responsibility of the resident or the responsible party and/or legal guardian.

\_\_\_\_\_  
Responsible Party and/or Guardian

\_\_\_\_\_  
Witness

**AUTHORIZATION FOR RELEASE OF INFORMATION**

1. \_\_\_\_\_ hereby authorizes Acadia Foundation to gather relevant information necessary to assess my eligibility for residency in a Acadia Foundation lodge facility. I understand that my application for admission into an Acadia Foundation facility will be kept on file for a period of one (1) year only. If residency has not occurred by that time I understand that it will be my responsibility to re-submit an application.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Any other special circumstances that would assist us in processing your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP) CONSENT AND NOTIFICATION FORM**

The freedom of information and Protection of Privacy Act (FOIP) requires that informed consent be obtained for the collection, use and discloses of all personal information that is not authorized under the Alberta Housing Act.

This includes many activities that occur regularly in Lodges/apartments, such as the use of individual and group photos, the listing of names for scheduled activities, and the use of names and pictures in newsletters, annual reports and other public documents. It is the intent that the act should be applied in a common sense manner and should not negatively affect a person's life. The purpose of this notice is to inform you about the collection, use and discloser of your personal information by the Administration and Management of Acadia Foundation.

### **NOTIFICATION**

Please be advised that on occasion the media may be present and photographs and/or videos may be taken of you. It is your choice to be present on these occasions and Acadia Foundation will instruct the media to speak directly with you should they wish to obtain personal information.

Please note that photos and/or videos of resident activities that are open to the public may be taken and used for purposes within and outside of Acadia Foundation. Acadia Foundation may not restrict these activities at public events.

Acadia Foundation requires your consent for the following:

- The use of my name, photos and comments in activity calendars, newsletters, or other Acadia Foundation publications.
- The taking of individual or group photos and the use for display purposes inside seniors' facility.
- The use of my name or artwork or other material displayed at Acadia Foundation sponsored displays in the community.
- The taking of photos and/or videos of me participating where Acadia Foundation will use the material.
- The use of my name in listing and/or announcements of awards, activities, birthday celebrations, for the purpose of sending get well cards or use of name tags.
- The use of my name on my room door.
- The listing of my name and room number on the directory board inside the building.

- The posting of my name in signup sheets for service providers, bus trips, meal attendance or absence.
- The taking of photos and/or videos of their use, by the media, and me and other organizations where I am interviewed or identified by name.
- The disclosure of information concerning my health and social needs to health care professionals and my named responsible party and/or legal guardian.

I consent to the above:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION FROM THE MEDICAL REPORT  
TO THE ACADIA FOUNDATION**

I, \_\_\_\_\_(applicants name)

Do hereby authorize and instruct

\_\_\_\_\_ (Clinic/Physician Name)  
to release the medical information requested by Acadia Foundation, and I hereby waive any all claims against the person or organization releasing the report, or any of its officers, servants, agents, staff members, or employees for any purpose whatsoever in connection with the communication and discloser of said information.

Date: \_\_\_\_\_ Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Acadia Foundation provides affordable Lodge accommodations to ambulatory seniors who have the mental and physical capabilities to perform daily living skills independently with controlled behaviour and good judgement/decision making abilities.



# MEDICAL REPORT

## Of Applicant Seeking Admission Into The Acadia Foundation

**Consort Lodge**  
 Bag Service 1001  
 4530 – 52 Ave.  
 Consort, Ab. T0C 1B0  
 Ph: 403-577-3832  
**Fax: 403-577-2261**

**Hanna Lodge**  
 Box 160  
 603 Palliser Trail W  
 Hanna, Ab. T0J 1P0  
 Ph: 403-854-3288  
**Fax: 403-854-2871**

**Oyen Lodge**  
 Bag Service 3000  
 310-2<sup>nd</sup> St. W  
 Oyen, Ab. T0J 2J0  
 Ph: 403-664-3661  
**Fax: 403-664-2964**

To: Attending Physician

**Please DO NOT return this Medical Certificate to the applicant.**

**Please FAX directly to the lodge which patient is applying.**

Applicants must have continence of bowels and bladder or have incontinence management.

Last Name: _____	First Name: _____
Date of Birth: _____	Date of Last Examination: _____
Alberta Health Care Number: _____	How long has applicant been a patient of yours? _____

Does the applicant use any of the following?	Yes	No		Yes	No
Hearing Aid	_____	_____	Incontinence Supplies	_____	_____
Pacemaker	_____	_____	Colostomy	_____	_____
Oxygen	_____	_____	Mobility Aid(s):	_____	_____

Is the Applicant Physically able to wait on himself/herself? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is no, explain: \_\_\_\_\_  
 \_\_\_\_\_

Does the Applicant wear any prosthesis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the Applicant able to walk independently? \_\_\_\_\_ Yes \_\_\_\_\_ No

Walking Aids \_\_\_\_\_ Wheel Chair \_\_\_\_\_ Walker \_\_\_\_\_ Other \_\_\_\_\_

Is respiratory equipment required? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

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Does the Applicant require any assistance of any kind? (other than financial) \_\_\_\_\_

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Is the applicant suffering from any chronic disease? \_\_\_\_\_ Yes \_\_\_\_\_ No

If answer is yes, how is this disease being managed? (ie diet, medication, injection)

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Is the Applicant on a restricted diet? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

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Tuberculin Skin test, except for those previously documented positive (Tuberculin skin testing available through local Health Unit). Previous positive \_\_\_\_\_ Yes \_\_\_\_\_ No

Date tested: \_\_\_\_\_ Results: \_\_\_\_\_

Chest X-Ray Results: \_\_\_\_\_ Date of X-Ray: \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Past or Present Medical Illness? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

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Past or Present Mental Illness (ie: Depression, Anger Management, Dementia)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how would this affect their suitability to function in a Lodge environment?

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Does this Applicant have any habits that could be potentially hazardous to themselves or other residents? (ie: Smoking, Alcohol Abuse, Drug Abuse – including prescription)

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

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Does Applicant have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

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Hearing: Normal: \_\_\_\_\_ Requires Assistance: \_\_\_\_\_

Bowel Continence : \_\_\_\_\_ Yes \_\_\_\_\_ No      Urine Continence: \_\_\_\_\_ Yes \_\_\_\_\_ No

Colostomy: \_\_\_\_\_ Yes \_\_\_\_\_ No      Catheter: \_\_\_\_\_ Yes \_\_\_\_\_ No

**MEDICATION LIST**

<b>DRUG</b>	<b>DOSAGE</b>	<b>PURPOSE</b>

Is this Applicant **independent in handling medication**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Rating of suitability: \_\_\_\_\_ (A) \_\_\_\_\_ (B) \_\_\_\_\_ (C)

**A) Suitable**

**B) Suitable with minimal assistance (ie: Home Care)**

**C) Unsuitable**

Does this Applicant have a **Do Not Resuscitate Order** on file? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other remarks:

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**NOTE: NO special or nursing care is provided by Lodge Staff. If the resident requires any further special nursing care after admittance, they may be required to be moved from the Lodge residence.**

**PHYSICAL FINDINGS:**

<b>Is there past or present evidence of:</b>	<b>YES</b>	<b>NO</b>	<b>If yes, give particulars below Please attach additional info if required</b>
Heart Disease	_____	_____	_____
Arthritis	_____	_____	_____
Diabetes	_____	_____	_____
High Blood Pressure	_____	_____	_____
Stroke	_____	_____	_____
Incontinence (bowels or bladder)	_____	_____	_____
Respiratory Deficiencies	_____	_____	_____
Nutritional Deficiencies	_____	_____	_____
Depression	_____	_____	_____
Cognitive Impairment	_____	_____	_____
Alzheimer's disease	_____	_____	_____
Wandering	_____	_____	_____
Mental Illness	_____	_____	_____
Aggressive/violent behaviour	_____	_____	_____
Parkinson's disease	_____	_____	_____
Drug sensitivity or allergies	_____	_____	_____
Infectious disease	_____	_____	_____
Alcohol or drug abuse	_____	_____	_____

A lodge provides meals, housekeeping services and 24-hour non-medical supervision. Given this information, **is your patient independent enough to:**

	YES	NO	UNKNOWN
1 Physically manage personal care including dressing?	_____	_____	_____
2 Ambulate to and from a central, congregate dining room?	_____	_____	_____
3 Maintain an appropriate level of personal hygiene?	_____	_____	_____
4 Perform daily living skills, without cueing or reminding?	_____	_____	_____
5 Socially fit in with other seniors?	_____	_____	_____
6 Administer his/her own medications?	_____	_____	_____

**Do you consider this application to be mentally and physically suitable to look after him/herself in a seniors lodge setting?**      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Name and address of Physician completing application:

Physician Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**THIS MEDICAL REPORT IS VALID FOR SIX MONTHS**

**CONFIDENTIAL  
ACADIA FOUNDATION**

I HAVE HAD THE LODGE SERVICES EXPLAINED TO ME BY \_\_\_\_\_ AND HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS.

I, \_\_\_\_\_ AGREE TO FOLLOW LODGE POLICIES AS ARE MUTUALLY AGREED UPON DURING THE ADMISSION PROCESS. I AGREE TO PARTICIPATE WITH THIS PROGRAM IN PLANNING MY CARE.

THE TEAM MEMBERS THAT COULD BE INVOLVED IN MY CARE ARE: LODGE MANAGER AND/OR LODGE STAFF, HEALTH CARE PERSONNEL, AND / OR FAMILY.

I UNDERSTAND THAT AN EXCHANGE OF INFORMATION MAY OCCUR WITH HEALTH CARE PROFESSIONALS AND LODGE MANAGER IF THEY ARE DIRECTLY INVOLVED WITH MY CARE.

SIGNATURE OF CLIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**OR**

SIGNATURE OF LEGAL GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_