



Brazeau Foundation

APPLICATION FOR LODGE RESIDENCY

Please return completed form to:

5208 - 47th Ave.

Drayton Valley, AB, T7A 1N7

Phone: (780) 542 - 2712

Fax: (780) 542 - 2765

E-Mail: bsf-hsg@telus.net

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

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

PLEASE PRINT CLEARLY

Full Name: _____ **Phone:** _____
Surname Given Names

Address: _____
Street Address City

Province _____ **Postal Code** _____ **Date of Birth:** _____
(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)

Email: _____

Name and complete address of alternate contacts:

2.. _____ Relationship _____

Address: _____

Phone: _____(H) _____(W) _____(Cell)

3. _____ Relationship _____

Address: _____

Phone: _____(H) _____(W) _____(Cell)

Have you lived in a Brazeau Foundation lodge or apartment unit 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 not feel secure in current accommodation Yes No

Find current accommodations 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 and snow shovelling

Housekeeping is too much to handle

Concerns regarding the use of stairs, specifically:

Entry Stairs

Laundry in Basement

Bedrooms on 2nd Level

Sharing accommodation with family or other

Do you share bathroom facilities? Yes No

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

If renting, name of Landlord: _____ Phone No.: _____

How many people reside with you: _____

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

Do you receive the Alberta Health Care Premium Subsidy? Yes No

Other _____

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**

I, _____ 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 facility or moving the applicant from the lodge. All decisions of this nature will be made at the discretion of Brazeau Foundation, in compliance 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 charges arising from this will be the responsibility of the resident or the responsible party and/or legal guardian.

Responsible Party and/or Legal Guardian

Witness

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize Brazeau Foundation to gather relevant information necessary to assess my eligibility for residency in a Brazeau Foundation lodge facility. I understand that my application for admission into a Brazeau 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:

**For information about programs, benefits and services for seniors, call the
Alberta Seniors Information line at 1 - 800 - 642 - 3853**

Freedom of Information and Protection of Privacy Act

(FOIP) Consent & Notification Form

The *Freedom of Information and Protection of Privacy Act* (FOIP) requires that informed consent be obtained for the collection, use and disclosure 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 disclosure of your personal information by the Administration and Management of Brazeau 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 Brazeau 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 general public may be taken and used for purposes within and outside of Brazeau Foundation. Brazeau Foundation may not restrict these activities at public events.

Brazeau Foundation requires your consent for the following:

1. The use and display of my name on my room door.
2. The listing of my name and room number on the directory board inside the building.
3. The posting of my name on sign up sheets for service providers, bus trips, meal attendance or absence.
4. The disclosure of information concerning my health and social needs to health care professionals and my named responsible party and/or legal guardian.
5. The use of my photo and/or video from resident activities to be shared to the Brazeau Foundation's private social media group.

I consent to the above:

Applicant Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____



Brazeau Foundation

LODGE MEDICAL REPORT

AUTHORIZATION FOR RELEASE OF INFORMATION FROM THE MEDICAL REPORT

I, _____, hereby authorize and instruct _____ to
Applicant Physician

Release the medical information requested by Brazeau Foundation, and I hereby waive any and 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 disclosure of said information.

Date: _____ Applicant's signature _____

Date: _____ Witness: _____

Brazeau 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 judgment/decision making abilities.

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

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

Has the applicant had a serious illness or injury within the past year? Yes No

If "yes", please give particulars _____

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 currently receiving Homecare? Yes No

If yes, how many hours per week and for what types of service? _____

Name(s) of other support agencies involved _____

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Physical Findings:

Is there past or present evidence of:	Yes	No	If YES, give particulars Please attach additional information if required
Heart Disease:	<input type="radio"/>	<input type="radio"/>	_____
Arthritis:	<input type="radio"/>	<input type="radio"/>	_____
Diabetes:	<input type="radio"/>	<input type="radio"/>	_____
High Blood Pressure:	<input type="radio"/>	<input type="radio"/>	_____
Stroke:	<input type="radio"/>	<input type="radio"/>	_____
Incontinence (Bowels or Bladder):	<input type="radio"/>	<input type="radio"/>	If Yes, <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
Respiratory Deficiencies:	<input type="radio"/>	<input type="radio"/>	_____
Nutritional Deficiencies:	<input type="radio"/>	<input type="radio"/>	_____
Depression:	<input type="radio"/>	<input type="radio"/>	_____
Cognitive Impairment:	<input type="radio"/>	<input type="radio"/>	If Yes, <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
Alzheimer's Disease:	<input type="radio"/>	<input type="radio"/>	If Yes, <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
Wandering:	<input type="radio"/>	<input type="radio"/>	_____
Mental Illness:	<input type="radio"/>	<input type="radio"/>	_____
Uncontrolled, Aggressive or Violent Behaviour:	<input type="radio"/>	<input type="radio"/>	_____
Parkinson's Disease:	<input type="radio"/>	<input type="radio"/>	If Yes, <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe
Drug Sensitivity or Allergies:	<input type="radio"/>	<input type="radio"/>	_____
Infectious Diseases:	<input type="radio"/>	<input type="radio"/>	If Yes, Type: _____
Alcohol or Drug Abuse:	<input type="radio"/>	<input type="radio"/>	If Yes, <input type="radio"/> Past <input type="radio"/> Present Details: _____

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

1. Physically manage personal care including dressing?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
2. Ambulate to and from a central, congregate dining room?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
3. Maintain an appropriate level of personal hygiene?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
4. Perform daily living skills, without cueing or reminders?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
5. Socially fit in with other seniors?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
6. Administer his/her own medications?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

Do you consider this applicant to be mentally & physically suitable to look after him/herself in a seniors lodge setting? Yes No

Name and address of Physician completing application:

Name: _____ Clinic Address: _____
 Clinic Phone No.: _____
 Clinic Fax No.: _____
 Signature: _____ Date: _____

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THIS MEDICAL IS VALID FOR 6 MONTHS