

<p>Is your accommodation shared? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you share accommodation, are these relatives? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If your accommodation is shared, number of:</p> <p>Adults (#_____) Bedrooms (#_____) Children (#_____) Bathrooms (#_____)</p>
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FINANCIAL INFORMATION:

Supportive Living 2 (SL2)

- Annual rent adjustments for Supportive Living 2 Lodge clients are determined in accordance with La Crete Municipal Nursing Association Policies.
- New rental rates are implemented annually on **July 1**.
- Monthly accommodation rates are subject to both minimum and maximum limits.
- Rent is calculated based on **Line 15000** of each clients Notice of Assessment.
- If the annual **Notice of Assessment** is not received by **June 15**, the clients rent will automatically be set at the **maximum allowable monthly rate** for that year.

Designated Supportive Living (Type B; Unregulated, Regulated & Secured Space)

- Annual rent adjustments for Designated Supportive Living clients are based on the percentage increases established by Alberta Health Services (AHS).
- Updated accommodation charges for DSL residents take effect each year on August 1.

General Information (All Clients)

- Accommodation rates are set by the Government of Alberta in accordance with applicable legislation and represent the maximum amount lodge operators may charge.
- Optional services, such as laundry and parking, are available for an additional monthly fee.
- For questions or further information, please contact Heimstaed Lodge Management.

***See additional attachment for breakdown of rent and fees.**

Attach a copy of your current year’s Notice of Assessment (which you receive following filing of your Income Tax Return) to your Application Form.

Do you have a Power of Attorney? Yes No
If yes, please attach copy.

Client Assessment for Entrance

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the management of The Heimstaed Lodge to collect any relevant information necessary to assess my eligibility for residency at The Heimstaed Lodge.

Applicant's signature: _____ Date: _____

Witness: _____ Date: _____

This information is collected in accordance with Section 33 of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) and is used by La Crete Municipal Nursing Association to operate its business. Personal information is protected under FOIP.

Check Yes or No

Do you receive Home Care Yes No

Dressing: Do you manage independently? Yes No

Comment: _____

Bathing: Do you bath yourself? Yes No

Do you want to have assistance with bathing? Yes No

Comment: _____

Eating: Are you able to carry a plate of food to the table independently? Yes No

Are you able to carry hot beverages? Yes No

Do you have any dietary considerations? (Diabetes, Allergies, etc.) Yes No

Comment: _____

Toileting: Are you able to get on and off the toilet independently? Yes No

Are you continent? If no, continue below Yes No

~ Urinary incontinence? Yes No

~ Stress incontinence? Yes No

~ Bowel incontinence? Yes No

Comment: _____

Mobility: Do you use a mobility aid? If yes, continue below. **Yes** **No**

~ Walker? **Yes** **No**

~ Wheelchair? **Yes** **No**

~ Scooter? **Yes** **No**

Comment: _____

Meds: Do you take your own medication? **Yes** **No**

Do you want the Lodge to assist with your meds? **Yes** **No**

Comment: _____

Laundry: Do you wash your own laundry? **Yes** **No**

Do you require assistance from your family? **Yes** **No**

Do you require assistance from the Heimstaed Lodge? **Yes** **No**

Comment: _____

Self-Managed Health Care

Are you currently receiving the following services or treatment?

Home Care -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occupational Therapy -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physiotherapy -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Private Care (give contact name) -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental Health Services (give contact name) -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Worker/A.I.S.H (give contact name) -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical Alert System -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DVA Assistance -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory Therapy -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Oxygen -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inhaler -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other -----	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comment: _____

Mental Psychosocial Behaviour:

Do you suffer from or have you suffered from the following:

- Anxiety **Yes** **No**
- Depression **Yes** **No**
- Paranoia **Yes** **No**
- Hoarding **Yes** **No**
- Wandering **Yes** **No**
- Substance abuse **Yes** **No**
- Alcohol abuse **Yes** **No**
- Vision loss **Yes** **No**
- Hearing loss **Yes** **No**
- Do you smoke **Yes** **No**
- Seizures **Yes** **No**

Other Health Concerns:

Family Support:

Does your family live in the community? **Yes** **No**

Comment:

Do you have a vehicle that you would like to park at the Lodge? **Yes** **No**

SELF-CONTAINED: Household Management

- Do you currently prepare your own meals? **Yes** **Requires Assistance**
- Do you clean your own household? **Yes** **Requires Assistance**
- Do you do your own shopping? **Yes** **Requires Assistance**
- Do you fill out your own personal documents? **Yes** **Requires Assistance**

FOR OFFICE USE ONLY

If application refused, state reason: _____

Management Perception

- | | | |
|----------------------------------------------------|--------------------------------------|------------------------------------------|
| Communication | Good <input type="checkbox"/> | Impaired <input type="checkbox"/> |
| Orientated to date, place and time | Good <input type="checkbox"/> | Impaired <input type="checkbox"/> |
| Exhibit good judgement | Good <input type="checkbox"/> | Impaired <input type="checkbox"/> |
| Able to answer questions with little or no queuing | Good <input type="checkbox"/> | Impaired <input type="checkbox"/> |
| Cognitive state | Good <input type="checkbox"/> | Impaired <input type="checkbox"/> |

Comment:

Assessment Summary:

SIGNATURE OF ASSESSOR

DATE

Consent for Release of Confidential/Contact Information

I understand that my records are protected under federal regulations governing confidentiality and cannot be disclosed without my written consent unless otherwise provided in accordance to the Health Information Act (section 34).

Consent for Release of Confidential Information:

I, _____ authorize Heimstaed Lodge to disclose the following information:
(Name of Patient)

- | | | |
|--------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> History/Physical | <input type="checkbox"/> Care Plans | <input type="checkbox"/> Appointments |
| <input type="checkbox"/> Laboratory Report | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Consults (OT/Mental Health) |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Radiology Report | <input type="checkbox"/> Photographs/video/digital or other images |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Radiology Image(s) | <input type="checkbox"/> Financial Information |

I give permission for the Heimstaed Lodge to disclose information to:

Care Contacts:

1. First Name: _____ Last Name: _____ Home Phone: _____
Cell: _____ Email Address: _____
Mailing Address: _____
2. First Name: _____ Last Name: _____ Home Phone: _____
Cell: _____ Email Address: _____
Mailing Address: _____
3. And to other Health Professionals (Doctors, OT, etc)

Financial Contacts:

1. First Name: _____ Last Name: _____ Home Phone: _____
Cell: _____ Email Address: _____
Mailing Address: _____
2. First Name: _____ Last Name: _____ Home Phone: _____
Cell: _____ Email Address: _____
Mailing Address: _____

I understand I have the right to revoke this authorization at any time. I understand I must do so in writing and present the written revocation to the **Heimstaed Lodge Management**. I understand the revocation will not apply to information that has already been released to this authorization.

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient/Authorized Representation

Date

If signed by legal representative, relationship to patient: _____
(Refer to HIA section 104-1)

Signature of Witness

Date

This authorization shall take effect on the above date.

**Freedom of Information and Protection of Privacy Act
Resident Release**

In accordance with the *Freedom of Information and Protection of Privacy Act*, I hereby give La Crete Municipal Nursing Association permission to:

Yes No - Display my name and birthday within the Heimstaed Lodge

Yes No - Allow my name and birthday to be used for information (ex. calendar, newsletter)

Yes No - Display my picture within the Heimstaed Lodge

Yes No - Allow my picture to be used for information and the organization's functions (ex. calendar, newsletter, & special staff functions).

Yes No – Allow audio and or video recordings during events clients participate in, for special staff functions or doctors' appointments.

Yes No- I give permission for my name to be place on my room door.

Resident (print)

Signature of resident/authorized representation

Date

Witness: print

Signature

Lodge Manager

Date: _____

Evacuation Preparedness Plan

In the event of an evacuation due to a natural disaster or the Lodge becomes uninhabitable for any reason, do you want AHS to evacuate your family member or would you as a family assume responsibility taking care of your family member? It is our hope that your family members in the Heimstaed Lodge will never again need to evacuate but it is important to have a plan in the event we need to.

- SL2 Clients: are family's responsibility as they are not AHS clients.
- DSL Clients: AHS would take responsibility to see that these clients are evacuated, unless family has the resources to take care of their family member at home.
- Once family has assumed responsibility of a client, AHS has indicated that hospitals will not accept clients where families are not able to handle care needs.
- Our nursing team can give a recommendation based on the clients need.

Yes, family will take full responsibility in case of an evacuation.

No, family will not take responsibility, and the client will be evacuated by AHS.

Client name: _____

Care Contact (family) Signature: _____

Lodge Manager Signature: _____

LODGE CLIENTS - TERMS OF OCCUPANCY

For the clients to review prior to move-in

It is expected that each lodge client will respect the rights, privileges and privacy of others. Behavior MUST not be disruptive or unsettling to other clients, staff, or visitors. The comfort, enjoyment and safety of the lodge clients are not to be jeopardized in any way.

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COMMUNICABLE DISEASES

All clients must have the Alberta Health Services' required tests completed within the last 3 months prior to move-in.

MEALS

All regular and special event meals are prepared for you as part of the accommodation services at the site. Meals are well balanced & nutritious. Diabetic options are supplied for clients requiring them.

Breakfast	8:00am
Dinner	12:00pm
Supper	5:00pm

Snacks are available every day at:

Morning	10:00am
Afternoon	2:30pm
Evening	8:00pm

BEING PUNCTUAL FOR MEALS IS APPRECIATED

Please notify the kitchen/nursing staff if you will be absent. Staff will check clients' rooms if they have not been notified of the clients' absence. All food served in the dining room must be eaten in the dining room.

HOUSEKEEPING

Each client suite is cleaned weekly on a scheduled basis, or as required, including vacuuming and, or mopping floors. Regular cleaning consists of light dusting (no moving of personal items); cleaning the bathroom, including showers/tubs; washing the floor; and emptying the garbage. Outside windows are cleaned bi-annually by housekeeping staff.

Out of respect for our client's belongings, our housekeeping team will not move personal items during room cleaning.

It is the client's responsibility to arrange for any major cleaning that is required, including seasonal cleaning, major dusting, and interior windows.

LAUNDRY

Personal laundry service is provided weekly for a fee/per month. Weekly washing of beddings & towels is provided.

A laundry room is provided for those wishing to do their own laundry. All laundry will be marked upon move in by the laundry staff. A generic brand of laundry soap is provided.

FURNISHINGS

Clients are encouraged to provide their own furnishings, however, if requested, the basic furnishings will be provided. For client and staff safety, the use of throw rugs is not permitted. Basic furnishings consist of a bed, dresser, and night table.

Beds need to be far enough away from walls to accommodate healthcare/housekeeping equipment and allow employees to easily assist you.

ROOM AND BOARD RATES

A new rental rate comes into effect each July 1st for SL2 clients; and August 1st for SL3, SL4, and SL4D clients. You will be provided with a ninety (90) day notice of any other changes to room and board.

Rent Payment

Rent is due on or before the first day of each month. Rental rates and fees are reviewed and adjusted annually.

Please note:

- **No security deposit** is required.
- **All rent charges and refunds are prorated** to the exact day.

Failure to pay rent or associated fees by the due date may result in a 14-day eviction notice. If you have any questions or require assistance, please contact the Lodge Manager.

MOVE-IN/MOVE-OUT PROCEDURES

A move-in inspection will be completed jointly by the management and tenant prior to occupancy. Move-in times are Tuesday – Thursday 10am to 2pm, excluding stat holidays.

Lodge clients or the executor of the estate are responsible for giving notice to terminate room and board. Two weeks' notice of intention to move out is required.

Management will complete a Move-Out Inspection report.

DAMAGES

Clients or their family are responsible for the cost of any damage beyond normal wear and tear, which occurs in the client's room. Prior approval from the manager is needed for the hanging of pictures, etc. All types of nails, hangers or items of a permanent stature (fastened to Heimstaed Lodge property) are to remain in the room when the client vacates.

NOTICE TO VACATE LODGE RESIDENCY

The manager, in conjunction with the CAO and/or Board of Directors, reserve the right to give notice to vacate if a client's mental or physical health, and/or general behavior is in any way endangering themselves, staff or other clients: physically, mentally, and/or emotionally.

Should a Lodge client be served with a notice to vacate, it will be the responsibility of the client and/or the client's family, to make alternate living arrangements.

A client in breach of the rules of the Lodge will be given a thirty (30) day notice to vacate, unless there is a substantial breach or is likely to do immediate harm to the staff, other clients, visitors or themselves; the manager may give immediate notice to vacate. The notice must be in writing, identifying the premises and provide details of the alleged breach.

ACTIVITIES

Clients are encouraged to participate in Lodge activities. All scheduled activities will be posted in the Heimstaed Lodge.

APPLIANCES

Hot plates, toasters, toaster ovens, microwave ovens, hot water kettles, irons, etc. are not allowed in the client rooms. If you have an item you wish to bring but are unsure as to whether it is allowed please check with the Lodge Manager.

ITEMS PROHIBITED IN THE LODGE:

Camping stove/gas cartridges, such as butane or propane; carbon dioxide; nitrogen cylinders; fire extinguishers; fire arms/ ammunition/explosives; pocket knives; sharp pointed scissors; aerosols; bear spray/mace/pepper spray; baseball bat; or any other item that could harm one's self, clients, visitors or staff.

ALCOHOLIC BEVERAGES

Excessive drinking of alcoholic beverages is prohibited, and termination of this agreement may result if violated. It is recommended that alcoholic beverages be stored with the nursing staff rather than in the client's room.

SMOKING

Smoking in the Lodge is prohibited. A smoking area is provided at the North Wing entrance of Cottage 1 for clients only.

MEDICATIONS

Clients capable of maintaining their own medications may do so with the understanding that they may not give out any medication to anyone, prescription or over-the-counter (ie: Tylenol). Medications must be kept secure, if you require a lock box please let nursing staff or Lodge Manager know.

MEDICATION ASSISTANCE PROGRAM

Medication assistance will be provided to clients who require this program. Need based evaluation will be done to determine eligibility. An eligible client will have all prescription and non-prescription drugs including vitamins and herbal products administered by the nursing staff. No medications are to be in client rooms. There are various levels to this program.

LEVELS OF CARE

All clients will be assessed upon or before move-in and once a year thereafter, or as needed, and placed according to health needs. When a client of the Heimstaed Lodge has been determined by management to have reached a health status that requires a higher level of care, the client will be moved to the appropriate Cottage to continue to best meet his/her medical needs.

STAFF INVOLVMENT IN CLIENT PERSONAL AFFAIRS

All staff, contracted services providers, volunteers and board members are not to engage in any activity relating to tenant/ client personal affairs, including but not limited to, financial affairs, power of attorney, will estates, personal directives, a guardianship, and gifts of any sort.

CAR STALLS

Car/scooter stalls are provided on a first come first serve basis. Please contact the office if you need a car/scooter stall.

INSURANCE

The Heimstaed Lodge does not provide contents insurance on client's personal property. It is client's responsibility to acquire insurance coverage on their valuables and personal property brought into the Lodge if they feel it necessary.

KEYS

Lost keys are the client's responsibility. Duplication by the clients of keys allowing access to any part of the Lodge and distribution of such keys to anyone else is strictly prohibited. There is a \$25 replacement fee for any lost keys.

RADIOS AND TELEVISION

Radios and televisions are permitted in the client's room at their expense; cable is to be directly billed to the client. Earphones are recommended for those who may have a hearing problem and may be compulsory in some cases, if sound volume levels are disruptive to other clients.

RESIDENT SAFETY AND SECURITY

When a client is leaving the building, and will be off the property for any period of time, we ask that you sign out. The client & visitor sign in and out binders can be found in the front/main entrance in Cottage 2, the Cottage 5 entrance, and at the North entrance in Cottage 1. An accurate count of people in the building is needed at all times.

For client's safety, all areas designated for employees are strictly for use by employees, agents and contractors. Heimstaed Lodge staff shall not be responsible for any injury incurred to clients if the client is in an employee-designated area.

LOCATION AND OPERATION OF CALL BELLS

Each client room is equipped with a call bell located at the side of the bed and in the bathroom. When the cord is pulled, a team member will respond as soon as possible.

BUILDING SECURITY AND MAINTENANCE

For client's safety, the alarm system is activated in the evening when the outside doors are locked, and turned off in the morning when the doors are unlocked. The 2 main doors, as well as the North door in C1 will be locked from 10:30 pm to 6:30 am. If leaving during the time the doors are locked, please notify the staff when using locked doors to prevent the buzzer from sounding. The Heimstaed Lodge has the final authority for securing main and other doors and for setting hours for these procedures.

For any building maintenance, including repairs and room temperature, please let a member of our team know.

FIRE REGULATIONS AND DRILLS

Fire drills and education sessions are conducted regularly. When the fire alarm rings, stay where you are and wait for directions from employees. We have a number of other emergency protocols and contingency plans in place for various emergency situations. If there is an emergency, the employees or fire department will determine if there needs to be an evacuation. Employees will coordinate with you, your family and visitors to a predetermined safe location. Should an emergency occur (e.g., site evacuation) we will notify the family member/individual who is the designated decision maker. The Heimstaed Lodge has continuation of services plans to ensure accommodation services are uninterrupted during an emergency.

TELEPHONE

A telephone jack is provided in each room. It is the client's family's responsibility to call TELUS regarding installation, relocation, disconnection, payment, etc. It is highly recommended that each client has his or her own phone. Staff is not responsible for the client messages or phone calls, except in emergencies.

VALUABLES

For security reasons, clients are encouraged to lock the door to their room when leaving the building and it is recommended that the clients not retain valuables or excessive funds in their room. All client items are to be marked by the client before moving into the Lodge. The Heimstaed Lodge is not responsible for lost or damages to personal articles or valuables. Clients are responsible for insuring their valuables, if they consider it necessary.

VISITORS

We do not have set visiting hours and encourage family & or support system persons to visit you at a time that works well for you. Visitors of all ages are welcome. For the safety of clients and children, we ask that children are always supervised.

Visitors wishing to stay overnight must obtain permission from management.

For family wanting use of the common areas, please make arrangements with the front desk to book your desired time.

VISITOR MEALS

Clients may invite family and friends for meals, provided previous arrangements are made with the kitchen. If less than 24 hours' notice is given we cannot guarantee meals for visitors. Prices are posted in the dining room. Visitors will be charged accordingly.

BASIS OF OCCUPANCY AND DECLARATION

The applicant, by signing this declaration understands, acknowledges and agrees to the following conditions related to their occupancy at the Heimstaed Lodge.

1. That I have received a copy of the Lodge client's terms of occupancy and its attachments which, together with the application for occupancy, form the basis of my occupancy at the Lodge. I shall abide by provisions, rules and regulations thereof and any changes therein which the Heimstaed Lodge either posts on the Lodge client's information bulletin board or are brought to my attention in written form, and I hereby explicitly waive any right I have at law to approve or consent any such future changes.

Applicant Signature

Date

Witness: (please print)

Witness Signature

Witness Address

Phone #

Lodge Manager

Date

Client Dietary Profile (Kitchen)

Name: _____

Date: _____

1. Do you have any **allergies** or food intolerances/sensitivities? (please specify)

2. Diet Order

- | | | |
|---------------------------------------|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Regular | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Clear Fluids |
| <input type="checkbox"/> Celiac | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Tube Feeding |
| <input type="checkbox"/> Lactose Free | <input type="checkbox"/> Full Fluids | <input type="checkbox"/> Other (specify): |

3. Texture

- | | | |
|-----------------------------------------|---------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Regular | <input type="checkbox"/> Easy to chew | <input type="checkbox"/> Minced |
| <input type="checkbox"/> Diced | <input type="checkbox"/> Pureed | <input type="checkbox"/> No mixed consistencies |
| <input type="checkbox"/> Dysphagia Soft | <input type="checkbox"/> Pureed bread | <input type="checkbox"/> Other (specify): |

4. Thickened Fluids

- Regular
- Nectar
- Honey
- Pudding

5. Portion size?

- Small Medium Large

6. What is your favourite food?

7. What foods do you dislike?

8. Do you like sweet foods?

9. Do you like spicy foods?

10. What foods do you think are the healthiest?

11. What foods do you think are the least healthy?

12. What foods do you like to eat when sick?

13. Do you eat between meals?

14. What is your favorite fruit?

15. What are your favorite snacks?

16. What is your favorite cereal?

17. What is your favorite hot drink?

18. What is your favorite cold drink?

Additional Comments:

Resident Name:
Preferred Name (Nickname):
Suite Number:
Allergies:

Resident Life History

The following questions were designed to assist staff in recognizing the specific needs and interests of each resident. These questions will provide valuable information to all care team members and assist them in providing person centered care.

Move in date:

Birthdate:

Where were you born?

Places you've lived:

Primary Language/Other Language(s)?:

What religion or spiritual tradition do you follow if any?:

What do you consider your cultural origin?:

What did you do for work?:

Married/Significant Other? Name? How long have you been together?:

How many siblings? Name(s)?:

How many children? Name(s)?:

How many grandchildren/great-grandchildren? Name(s)?:

Did/Do you have any pets? If so, what kind of pets & names?:

What were some major accomplishments or milestones in your life?:

What would you like your typical day to look like starting today?:

What is your greatest challenge(s) right now? (i.e. managing diabetes, managing pain, etc.):

Favorite Things:

Music:

Hobbies/Games:

Movies/TV Shows:

Sports/Teams:

Places you've travelled to:

Resident Interest Inventory

We want to ensure your new home becomes a place where you can get involved. In order for us to provide meaningful programs you want to participate in, we need an idea of what your past and current leisure pursuits are and what you would like to try. We try to approach programming based on the seven dimensions of wellness, which you will see below.

Labeling Legend: Please put one of the four letters beside each activity suggestion

C- current interest	P- past interest	W- "would like to try"	N- not interested
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Social:

Parties, Teas, & Celebrations:	Games-Whist:	School/Daycare Visits:	Pet Visits:
Tournaments (pool/billiards/darts):	Games- Bridge:	Cultural/Ethnic Groups:	Music Performances:
Dinner Events:	Games- Cribbage:	Wine Tastings:	Bingo:
Board Games:	Games- Poker:	Happy Hours:	

Other additions/comments:

Emotional & Creative:

Singing:	Listening to Music:	Drawing:	Ceramics/Pottery:
Hand Massages:	Aromatherapy:	Painting:	Sewing:
Nail Painting:	Poetry:	Coloring:	Needlework:
Family Genealogy:	Crochet:	Knitting:	

Other additions/comments:

Physical:

Exercise Class:	Weightlifting:	Bowling:	Soccer:
Walking:	Tai Chi:	Yoga:	Football:
Dancing:	Swimming:	Curling:	Hockey:
Golf:	Martial Arts:	Zumba:	

Other additions/comments

Cognitive:

Reading:	Trivia:	Political Discussions:	Memory Games:
Crosswords:	Brain Games:	History Discussions:	Matching Games:
Word Searches:	Presentations:	Jigsaw Puzzles:	
Sudoku:	TED talks:	Tech Lessons:	

Other additions/comments:

Spiritual:

Church/Worship services:	Spiritual Teaching/Discussion:	Sacred Text Study:	Mindfulness Practices:
Creative Writing:	Journaling:	Communion:	
Hymn Sing:	Meditation:	Memorial Services:	

Other additions/comments:

Environmental:

Gardening:	Day Trips:	Travelogues:	Lawn Games:
Picnics:	Bird watching:	Travel/Sightseeing:	Hiking:
Fishing:	Nature Groups:	Nature Photography:	

Other additions/comments:

Vocational:

Volunteering:	Cooking:	Play an instrument:	Drama/Acting:
Shopping:	Baking:	Organizations/Clubs:	Charity Work:

Other additions/comments:

Top 3 Activity Choices:

- 1.
- 2.
- 3.

Additional Notes & Information:

Completed by:

Name (print):

Date:

Position/Relationship:

Signature:



PRE-AUTHORIZED DEBIT AGREEMENT

I/We Request and authorize Heimstaed Lodge, on behalf of La Crete Municipal Nursing Association, to draw regular payments against my/our account at the financial institution indicated by the account number below. My/Our Financial institution is hereby authorized to deal with such debit slips the same as if signed by me/us.

* This authorization is for **personal purposes only** (e.g. rent, utilities, laundry, parking, donations etc.).

* This authorization may be cancelled at any time upon written notice:

By mail to: PO Box 3999 La Crete AB T0H 2H0

By email to: office@lcmna.ca

* Cancellations must be received 5 business days prior to the debit at the above address (mail or email).

* I/We, have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

* For a joint account, all signatories must sign if more than one signature is required on cheques issued against the account.

*** Payment for current month is due at time of move in.

*** All payments will be withdrawn on the 1st (first) of every month.

My/Our Account # _____ Transit # _____ Bank ID # _____

I/we am/are attaching a VOID cheque for your records.

I/we am/are attaching an EFT form from my bank.

Applicant's Name: _____

Room # (if applicable) _____

Signature of Client/Authorized Representative: _____

Signature of Client/Authorized Representative (if two required): _____

Date: _____