



PEAKS TO PINES LODGE
CROWSNEST PASS SENIOR HOUSING

Regular Lodge Living Application Form

Applicant's Name: _____

Co-Applicant's Name: _____

Date: _____

Submission Date: _____

Statement of Declaration & Authorization to Release Personal information

I, _____ understands that this application does not constitute an agreement on the part of Crowsnest Pass Senior Housing (CPSH) or its agents to provide me rental accommodation.

I further acknowledge the right of CPSH or its agents, at any time prior to the execution and delivery to me of a lease hereby applies for, to withdraw, revoke or cancel without penalty or liability for damages or otherwise, and acceptance or approval of this application previously made or given.

I hereby authorize CPSH, or its agents to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration of my application; It is my obligation to advise CPSH, or its agents, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

I authorize CPSH to exchange information concerning my health and social needs with the local Health Region, its agents and employees, health professionals, and any other agency or social service provider or my designated emergency contacts.

I understand that this information will be kept confidential and will be used only in my best interest for assessing my health and social needs, for planning services to meet those needs, and for determining appropriate housing and services for me.

I release Crowsnest Pass Senior Housing, its employees, and agents, from all claims which may arise as a result of the release of the information described above.

This authorization shall be valid during the time that I am a Resident with CPSH unless terminated at an earlier date by myself in writing

Applicant	Witness
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DOMINION OF CANADA } PROVINCE OF ALBERTA }	IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION IN THE HOUSING PROJECT.
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I, _____, of the _____ of _____, in the province of Alberta, do solemnly declare as follows:

1. That I am the applicant named in the said application.
2. That the statements made by me in the said application are to the best of my knowledge, information and belief, full and true in all respect.
3. That I have resided in the Province of Alberta for _____ years of my life and in the Municipality for _____ years.
4. That I have been a resident of Canada for _____ years.

And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act."

Declared before me at the _____ of _____ _____ In the Province of Alberta, }	_____ Signature of Applicant
This _____ day of _____, 20 _____ }	

A Commissioner of Oaths in and for the Province of Alberta	
Printed Name of Commissioner of Oaths	My Appointment expires on: _____ dd/mm/yyyy

The personal information is being collected under the authority of the Alberta Housing Act and Alberta Regulation 244/94 (Social Housing Accommodation Regulation) and will be used to evaluate the need and eligibility for Senior Housing. It is protected by the privacy provision of the Freedom of Information and Protection of Privacy Act.

Applicant General Information:

Full Name (please print): _____ Date of Birth: _____

Alberta Health Care No: _____ email: _____

Address: _____

Mailing PO Box: _____ Town: _____ Postal Code: _____

Phone: (cell) _____ Phone (Home) _____

Co-Applicant/Spouse(please print): _____ Date of Birth: _____

Alberta Health Care No: _____ email: _____

Check here if same as Main Applicant address:

Address: _____

Phone: (cell) _____ (Home) _____

Accommodations: _____ Single _____ Double _____ Wheelchair Accessible

Please provide the following information:

	Yes	No
Are you currently receiving services from Homecare?		
Please list the Homecare services are you receiving:		
Are you a smoker?		
Independently travel to/from designated smoking area?		
Are you a Veteran?		
Have you applied for Veteran's Affairs Benefits?		
Are you currently receiving Alberta Seniors Benefit?		
Where are you currently living? Do you live alone or with family?		
Do you have concerns about staying in your present location?		
Do you use an electric scooter?		
*Please provide of copy of your latest notice of assessment		
Additional Comments:		

Name and Mailing Address of Next of Kin/Emergency contact:

Main Contact Name	Tel:	Relationship	Email:
Alternate contact name	Tel:	Relationship	Email

Trusteeship/Guardianship: _____

Verify if you have any of the following: Circle one choice:

A Will? Yes or No Executor Name: _____ Tel: _____

A Personal Directive? **Yes** or **No** Name: _____ Tel: _____

Is it Enacted? _____ **YES** _____ **NO**

A Power of Attorney? **Yes** or **No** Name: _____ Tel: _____

Do you have a Goals of Care? **Yes** or **No**

Base Rent

In order to calculate the base rent, we require a copy of the most recent Notice of Assessment (NOA) provided by Revenue Canada. Failure to provide this document will result in a delay of the application process. The base rent rate is based on 30% of applicant's income (line 150 on the NOA). The Lodge Program Minimum Disposable Income amount is \$342.

Lodge Services

In addition to the base rent, the resident is required to pay \$880 (single room) for a Lodge Service Package which includes:

- Suites complete with 3-piece bathroom (walk-in shower), shower curtains and a wet bar
- Window covering
- 3 delicious meals served daily in the dining room
- Complimentary beverages and snacks available 24-hours per day
- Weekly Housekeeping and linen service
- Annual Suite Cleaning
- 24 hours friendly and caring staff on duty
- Planned activities and recreation program

Safety & Security

- Personal emergency response system (nurse call) for each resident
- Lodge is 100% barrier free
- Personal in-room safe for valuable storage
- 24-hour video surveillance at all common area exits
- FOB automatic keyless door access
- Fire suppression system

Note: Accommodation charges for residents assessed as Supportive Living level 3, 4 or 4D are determined by Alberta Health. As such, the above base rent and lodge service package do not apply.

**** Please see attached for additional optional services ****

**MEDICAL INFORMATION FORM
TO BE COMPLETED BY YOUR PHYSICIAN**

LAST NAME	FIRST NAME
Date of Birth: (MM/DD/YY)	Date of Last Examination: (MM/DD/YY)
AHC No.	Blue Cross No.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of information request by Crowsnest Pass Senior Housing and waive any and all claims against the person or organization releasing this report, or any of its officers, servants, agents, staff members or employees for any purpose whatsoever in connection with the communication and disclosure of the said information.

Applicant's Signature: _____

Date: _____

Diagnosis: Does this person have any health conditions? If so, please attach

Allergies: Does this person have any allergies? If so, please attach

Do you think this resident would be suitable to live in a congregate living environment? If no, please explain

General Remarks:

Is this person a regular patient and if so, how often do you see him/her? ..

General Remarks:

Is this client a regular patient and if so, how often do you see him/her? _____

Name and signature of Physician: _____

Address: _____ Office Phone: _____

