



APPLICATION FOR HOUSING

Please return completed form to:
122 – 5th Avenue South
Lethbridge, AB T1J 0S9
Phone: (403) 328-1155
E-Mail: placement@greenacres.ab.ca

The personal information in this form is being collected by Green Acres Foundation under section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering applications for subsidized housing or rental benefits. If you have questions regarding the collection of this information, please contact Green Acres Foundation at (403) 328-1155 or 122 5th Ave South, Lethbridge, AB, T1J 0S9.

Please note:

Please attach a copy of your **Canada Revenue Agency Notice of Assessment** from the most recent tax year. Incomplete applications or applications submitted without all requested information will not be processed until completed in full.

Please indicate your facility of interest:

Apartments/Cottages – no staff on-site, meals and housekeeping not included

- | | | |
|---|--|---|
| <input type="checkbox"/> Any Apartment | <input type="checkbox"/> Legion Arms | <input type="checkbox"/> Sunny South Villa (Coaldale) |
| <input type="checkbox"/> Any Lethbridge Apartment | <input type="checkbox"/> Legion Terrace | <input type="checkbox"/> Sunny South Manor (Coaldale) |
| <input type="checkbox"/> Abbey Road Terrace | <input type="checkbox"/> Legion Place | <input type="checkbox"/> Piyami Manor (Picture Butte) |
| <input type="checkbox"/> Blue Sky Manor | <input type="checkbox"/> Golden Acres Cottages | <input type="checkbox"/> Wheatheart Manor (Barons) |

Housing with Partial Services – 24/7 non-medical staff on-site, main meal included

- Blue Sky Lodge East Garden View Lodge East (Pet friendly) Pemmican Lodge East

Housing with Full Services – 24/7 non-medical staff on-site, includes complete meal service and weekly housekeeping

- | | | |
|--|---|---|
| <input type="checkbox"/> Any Housing with Full Services | <input type="checkbox"/> Blue Sky Lodge | <input type="checkbox"/> Sunny South Lodge (SL2 - Coaldale) |
| <input type="checkbox"/> Any Lethbridge Housing with Full Services | <input type="checkbox"/> Garden View Lodge (Pet friendly) | <input type="checkbox"/> Piyami Lodge (SL2 - Picture Butte) |
| <input type="checkbox"/> Alberta Rose Lodge | <input type="checkbox"/> Heritage Lodge | |
| <input type="checkbox"/> Black Rock Terrace (Pet friendly) | <input type="checkbox"/> Pemmican Lodge | |

Housing with Health Care Services – 24/7 medical staff on-site, requires assessment by Alberta Health Services

- Golden Acres Lodge (SL3) Piyami Lodge (SL3/4/4D - Picture Butte) Sunny South Lodge (SL3/4/4D - Coaldale)

PLEASE PRINT CLEARLY

- 1. Applicant Name:** _____
(Last Name) (First Name)
Date of Birth: _____ (yyyy/mm/dd) Alberta Health Care Number: _____
Present Address: _____
P.O. Box or Street Address _____
Gender: Male Female Prefer not to disclose
City, Town or Village: _____ Province: _____ Postal Code: _____
Telephone No: _____ Email: _____
Length of Tenancy: _____ Are you a: Canadian Citizen Landed Immigrant Other _____
Marital Status: Married Widow/er Single
 Separated Divorced Adult Interdependent Relationship
- 2. Responsible Party (to be notified in case of an emergency):**
Name: _____ Relationship: _____
Email: _____ Phone: _____
Address: _____ Postal Code: _____
- 3. Alternate Emergency Contact:**
Name: _____ Relationship: _____
Email: _____ Phone: _____
Address: _____ Postal Code: _____

4. Have you lived in a Green Acres Foundation facility in the past? Yes No
If yes, which facility? _____
5. When are you prepared to move? _____
6. Why are you applying and do you need immediate placement? _____
7. If you have been given an "Eviction Notice", please state the reason for eviction and submit a copy of the notice:

8. Reason(s) for applying for accommodation:

- Yes No Preparing nutritious meals is difficult
- Yes No Not eating properly, poor appetite
- Yes No Do not feel secure in current accommodation
- Yes No Find current accommodations lonely
- Yes No Difficulty maintaining upkeep of current accommodation, i.e., yard-work and snow shoveling
- Yes No Housekeeping is too much to handle

9. Are you sharing accommodation with family or others? Yes No

10. Do you use: Cane Walker Manual Wheelchair Electric Wheelchair Other _____

11. Do you require accommodation adapted for accessibility (e.g. wheelchair accessibility)? Yes No

12. How did you hear about Green Acres Foundation?

- Word of Mouth Newspaper/radio Social Media Website Other: _____

13. Other:

Describe your present accommodation:

- Own Rent Live with Family Other _____

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

Landlord email: _____

Monthly rent/mortgage payments: \$ _____

Do rental payments include: Heat: Yes No Electricity: Yes No Water: Yes No

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

Do you receive the Federal Guaranteed Income Supplement? Yes No If yes, amount: \$ _____

Do you receive any other financial benefits?: _____

Do you receive Meals on Wheels? Yes No If yes, how often? _____

If yes, please give details: _____

Does your present accommodation have stairs that you need to use on a regular basis? Yes No

Please describe: _____

Do you have a pet? Yes No If yes, what kind(s) and how many of each? _____

Do you smoke? Yes No If yes: Tobacco Cannabis

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

Who is your Home Care Case Manager? _____

Have you been assessed by Alberta Health Services as SL3/SL4/SL4D? Yes No

What type of activities do you participate in? _____

What method(s) of transportation do you use? own car bus handi-bus taxi other _____

Do you have a Personal Directive? Yes No Do you have a Power of Attorney? Yes No

Do you have a Legal Guardian? Yes No If yes, please submit a copy of each.

Do you or have you ever lived in a building that had bed bugs? Yes No

If yes, where? _____

This information is required to determine applicant's priority of need.

Responsible Party and/or Legal Guardian Agreement

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 the necessary arrangements. This could include providing and/or arranging for additional personal care within the facility, arranging an assessment from Home Care, or moving the applicant from the premises. I further understand and acknowledge that I will abide by any decisions of this nature made by Green Acres Foundation. In the event of an emergency, Green Acres Foundation personnel reserve the right to contact an outside agency to provide assistance for the Resident if deemed necessary. As this arrangement would be a contract between the service provider and the Resident, charges arising from this will be the responsibility of the Resident.

Responsible Party and/or Legal Guardian

Witness

Authorization for Release of Information

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

Applicant's Signature: _____ Date: _____

Witness: _____ Date: _____

Eligibility Criteria:

To be eligible for residency, the Applicant must be at least 65 years of age, in core need, a Canadian Citizen or individuals lawfully admitted into Canada for permanent residence. The Foundation reserves the right to waive the age requirement in special circumstances. The Applicant must have the mental and physical capabilities to perform daily living skills independently with controlled behaviour, good judgment/ decision making abilities, and be physically mobile with or without the aid of a cane, walker, or wheelchair. The Applicant must have continence of bowels and bladder or self-managed incontinence.

In addition:

SL3: The Applicant must be assessed by Alberta Health Services as requiring personal care services on a scheduled and unscheduled basis, in accordance with the contractual agreement between Alberta Health Services and Green Acres Foundation.

SL4/SL4D: The Applicant must be assessed by Alberta Health Services as requiring personal care services on a scheduled and unscheduled basis with the medical supervision of an LPN, in accordance with the contractual agreement between Alberta Health Services and Green Acres Foundation.

I understand that if I choose to live at Black Rock Terrace or Garden View Lodge, pets are allowed to reside there.

I understand that this application does not constitute an agreement on the part of Green Acres Foundation to provide me with rental accommodation.

I further acknowledge the right of the Green Acres Foundation at any time prior to the execution of the housing agreement, to withdraw, revoke, or cancel without penalty or liability for damage or otherwise, the acceptance or approval of this application previously made or given. I hereby authorize Green Acres Foundation to make any inquiries deemed necessary to verify facts contained herein. Any false statement(s) shall cancel any further consideration of my application.

I further agree that I am obligated to advise the Green Acres Foundation, in writing, of any changes in family composition, gross income, health/medical condition or change of address, should they occur.

I understand that I am required to provide my Notice of Assessment to Green Acres Foundation by June 1st of each year for the previous tax year. (Not applicable for SL3, SL4, SL4D)

I attest that the information contained in this application is true to the best of my knowledge and acknowledge that if anything changes it is my responsibility to provide an updated application.

Applicant's Signature: _____ **Date:** _____

Authorization to Obtain Information and Consent to Disclose Information

Eligibility for accommodation and the calculation of rent throughout the residency is based upon information provided by the applicant and upon up-to-date information which is to be provided by the applicant during the period of the residency. The information referred to in this authorization may be requested or disclosed for the purpose of assisting Green Acres Foundation in verifying household and income information contained in an application for accommodation, assessing and verifying initial and on-going eligibility for accommodation, verifying initial and on-going household income and financial circumstances in order to calculate or recalculate rent payable for accommodation pursuant under the **Alberta Housing Act** and its regulations.

Many employers or agencies who furnish assistance and/or benefits or others with whom you might deal, will not release information without the written consent of the employee, the applicant, or a person with whom they deal. We, therefore, request the following to be signed by the applicant.

I do hereby authorize and consent to the following:

1. Green Acres Foundation (GAF) or its designate to verify all information provided to GAF relating to this application for housing and any future information provided to GAF throughout the entire tenancy period. Such information may be verified by GAF or its designate making inquiries of and obtaining information (including personal information) from previous, current and future employers; credit bureaus; financial institutions; federal, provincial or municipal government departments, offices, agencies and boards; previous landlords; and others from whom I receive income or benefits;
2. GAF or its designate to disclose any information (including personal information) and to provide copies of documents in the possession of Green Acres Foundation to all federal, provincial and municipal government departments, offices, agencies or boards; interpreters; credit bureaus; financial institutions; future landlords; past, current or future employers; and others from whom I receive income or benefits;
3. All past, current and future employers or other from whom I receive income or benefits; credit bureaus; financial institutions; federal, provincial and municipal government departments, offices, agencies and boards to release such information concerning myself, as may be requested by GAF (including personal information) to GAF;
4. All past and current landlords to provide to GAF such information as may be requested by GAF concerning my tenancy with such landlords (including personal information) including the period of tenancy, the rent payable, the payment history of rent by myself, the manner in which I kept the interior and exterior of the property rented, whether there are any complaints to the landlord concerning myself as a resident and particulars of any such complaints, and where there are any breaches of the resident agreement with the landlord and particulars of any such breaches.

I do hereby agree that this Authorization to Obtain Information and Consent to Disclose Information cannot be revoked by me while I am a resident under a residential agreement with Green Acres Foundation as Landlord, while I am an occupant of any accommodation owned or managed by Green Acres Foundation and following the end of such tenancy or occupancy while Green Acres Foundation is carrying on any investigation as to the accuracy and completeness of information provided by me to Green Acres Foundation.

Applicant Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____



Medical Report

I, _____, hereby authorize and instruct Dr. _____ to
 (Applicant) (first name) (last name)
 release the medical information requested by Green Acres 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 the said information.

Date: _____ Applicant's Signature: _____

Green Acres Foundation provides affordable 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, as well as the necessary mobility to ambulate in case of an emergency.

Our apartments and cottages are for independent senior citizens. The term independent means the applicant must have the ability to care for themselves (cooking, cleaning, and personal hygiene); as well, the person must have the mental capabilities to live in a congregate living environment.

Last Name: _____ First Name: _____
 Date of Birth: _____ (mm/dd/yy) Date of Last Examination: _____ (mm/dd/yy)
 Personal Health Care Number: _____ How long has applicant been a patient of yours? _____

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

If "yes", please give particulars _____

Is your patient currently receiving Home Care? Yes No

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

Name(s) of other support agencies involved? _____

Does your patient use a mobility aid? Yes No

If "yes", what type: Cane Walker Manual Wheelchair Motorized Wheelchair Scooter

Could this person evacuate from (i.e. use stairs) a multi-storey building independently in the event of an emergency?

Yes No

Does the Applicant use any of the following?	Yes	No		Yes	No
Hearing Aid			Incontinence Supplies		
Pacemaker			Colostomy		
Oxygen					

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="checkbox"/>	<input type="checkbox"/>	_____			
Arthritis:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
High Blood Pressure:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Stroke:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Incontinence (Bowels):	<input type="checkbox"/>	<input type="checkbox"/>	If Yes,	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Incontinence (Bladder):	<input type="checkbox"/>	<input type="checkbox"/>	If Yes,	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Renal Failure:	<input type="checkbox"/>	<input type="checkbox"/>	If Yes,	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Respiratory Deficiencies:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Nutritional Deficiencies:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Depression:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Cognitive Impairment:	<input type="checkbox"/>	<input type="checkbox"/>	If Yes,	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	_____ MMSE
Alzheimer's Disease:	<input type="checkbox"/>	<input type="checkbox"/>	If Yes,	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Wandering:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Mental Illness:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Uncontrolled, Aggressive or Violent Behaviour:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Parkinson's Disease:	<input type="checkbox"/>	<input type="checkbox"/>	If Yes,	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Drug Sensitivity or Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
Infectious Diseases:	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, Type: _____			
Alcohol or Drug Abuse:	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, <input type="checkbox"/> Past <input type="checkbox"/> Present Details: _____			
Smoking:	<input type="checkbox"/>	<input type="checkbox"/>	_____			
MRSA or other:	<input type="checkbox"/>	<input type="checkbox"/>	_____			

Can your patient:					
1.	Physically manage personal care including dressing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
2.	Ambulate to and from a central, congregate common area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
3.	Maintain an appropriate level of personal hygiene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
4.	Perform daily living skills, without cueing or reminders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
5.	Socially fit in with other seniors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
6.	Administer his/her own medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
7.	Safely prepare meals using a stove and an oven?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
8.	Maintain the cleanliness of their suite/apartment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

General Remarks and other pertinent medical information: _____

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

THIS MEDICAL REPORT IS VALID FOR 3 MONTHS

Please return completed form to:
Green Acres Foundation
122 – 5th Avenue South, Lethbridge, AB T1J 0S9
Phone: (403) 328-1155 Fax: (403) 328-6370

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 residency in a Green Acres Foundation facility. For questions regarding this information, please contact Green Acres Foundation.