



# APPLICATION FOR RESIDENCY

Please return completed form to:  
122 – 5<sup>th</sup> Avenue South  
Lethbridge, AB T1J 0S9  
Phone: (403) 328-1155  
Fax: (403) 328-6370  
E-Mail: info@greenacres.ab.ca

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 Green Acres Foundation Lodge program. 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 Green Acres Foundation at 328-1155.

**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  Adult Interdependent Relationship  Single  Widow(er)  Divorced/Separated

Citizenship:  Canadian Citizen  Landed Immigrant  Other \_\_\_\_\_

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

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Name and complete address of alternate contacts:

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**If you prefer a specific facility, please indicate below:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Any Facility               | <input type="checkbox"/> Blue Sky Lodge  | <input type="checkbox"/> Garden View Lodge |
| <input type="checkbox"/> Any Facility in Lethbridge | <input type="checkbox"/> Heritage Lodge  | <input type="checkbox"/> Pemmican Lodge    |
| <input type="checkbox"/> Alberta Rose Lodge         | <input type="checkbox"/> Piyami Lodge    | <input type="checkbox"/> Sunny South Lodge |
| <input type="checkbox"/> Black Rock Terrace         | <input type="checkbox"/> (Picture Butte) | <input type="checkbox"/> (Coaldale)        |

Have you lived in a Green Acres Foundation lodge or apartment unit in the past?  Yes  No

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

When are you prepared to move? \_\_\_\_\_

How did you hear about Green Acres Foundation? \_\_\_\_\_

**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 car  bus  handi-bus  taxi  other

If other, please specify \_\_\_\_\_

If you are requesting immediate placement, please provide details why: \_\_\_\_\_

- Do not feel secure in current accommodation
  - Find current accommodations lonely
- 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 shoveling
  - 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: \$ \_\_\_\_\_
- Other \_\_\_\_\_

**Financial Information:**

**In order to process your application, please enclose your most recent copy of your 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 Green Acres 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

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

**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.

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

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

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

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

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

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**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 Green Acres 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 Green Acres 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 Green Acres Foundation. Green Acres Foundation may not restrict these activities at public events.

**Green Acres Foundation requires your consent for the following:**

1. The use of my name, photos and comments in activity calendars, newsletters, or other Green Acres Foundation publications.
2. The taking of individual or group photos and the use of my photo for display purposes inside the seniors' facility.
3. The use of my name or artwork or other material displayed at Green Acres Foundation sponsored displays in the community.
4. The taking of photos and/or videos of me participating in activities where the material will be used by Green Acres Foundation.
5. 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.
6. The use and display of my name on my room door.
7. The listing of my name and room number on the directory board inside the building.
8. The listing of my name on the entry security system (if applicable).
9. The posting of my name on sign up sheets for service providers, bus trips, meal attendance or absence.
10. The taking of photos and/or videos of me and their use, by the media, and other organizations where I am not interviewed or identified by name.
11. 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:** \_\_\_\_\_