



APPLICATION FOR RESIDENCY

Please return completed form to:
122 – 5th 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 (403) 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

Name: _____ Phone: _____
Surname Given Names

Email: _____ Date of Birth: _____

Address: _____
Street Address City Postal Code

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 lodge facility, please indicate below:

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

* Initial to acknowledge that you understand that pets are allowed to reside at Black Rock Terrace and Garden View Lodge: _____
Initial

If you prefer a specific SL3 Lodge Facility, please indicate below:

- | | | |
|--|---|---|
| <input type="radio"/> Golden Acres Lodge
(Lethbridge) | <input type="radio"/> Piyami Lodge
(Picture Butte) | <input type="radio"/> Sunny South Lodge
(Coaldale) |
|--|---|---|

If you prefer a specific SL4 facility, please indicate below:

- | | |
|---|---|
| <input type="radio"/> Piyami Place
(Picture Butte) | <input type="radio"/> Sunny South Lodge
(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 not feel secure in current accommodation
- Find current accommodations lonely
- 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

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

Other:

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

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

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

Do you receive any other benefits: _____

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

Do you use any mobility aids? Yes No

If yes, what type: Cane Walker Manual Wheelchair Electric Wheelchair Other _____

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

Who is your Home Care Case Manager? _____

What type of activities do you participate in? _____

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

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

Do you have a Legal Guardian? Yes No If yes, please attach 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.

Financial Information:

In order to process your application, please enclose a copy of your Canada Revenue Agency Notice of Assessment from the most recent tax year.

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 lodge facility or moving the applicant from the lodge. 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, lodge 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, 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.

In addition:

Lodge: 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.

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

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

Applicant's Signature: _____ Date: _____

For information about programs, benefits and services for seniors, call the Alberta Seniors Information line at 1-877-644-9992



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, 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 phone access code 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:** _____