



APPLICATION FOR LODGE RESIDENCY

Please return completed form to:
122 – 5th Avenue South
Lethbridge, AB T1J 0S9
Phone: (403) 328-1155 Ext. 234
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:

To process your application, 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 PRINT CLEARLY

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 | |

* Pet-friendly

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

- Golden Acres Lodge –Lethbridge Piyami Lodge – Picture Butte Sunny South Lodge - Coaldale

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

- Piyami Lodge – Picture Butte Sunny South Lodge - Coaldale

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 _____

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: (Home) _____ (Cell) _____

Address: _____ Postal Code: _____

Alternate Contact:

Name: _____ Relationship: _____

Email: _____ Phone: (Home) _____ (Cell) _____

Address: _____ Postal Code: _____

3. Have you lived in a Green Acres Foundation facility in the past? Yes No
 If yes, which facility? _____
4. When are you prepared to move? _____
5. How did you hear about Green Acres Foundation? _____

6. 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

Why are you applying and do you need immediate placement? _____

7. Other:

Describe your present accommodation:

- Own Rent Live with Family Social Housing Other _____

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

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

Do you have an enacted Personal Directive? Yes No Do you have an enacted Power of Attorney? 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.

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 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 agree that I am obligated to advise the Green Acres Foundation, in writing, of any changes in family composition, gross income, employment, 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.

I attest that the information contained in this application is true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Authorization to Obtain Information and Consent to Disclose Information

Eligibility for social housing 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 social housing accommodation, assessing and verifying initial and on-going eligibility for social housing accommodation, verifying initial and on-going household income and financial circumstances in order to calculate or recalculate rent payable for social housing accommodation pursuant to the **Social Housing Accommodation Regulations** under the *Alberta Housing Act*.

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 tenant and particulars of any such complaints, and where there are any breaches of the tenancy 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 social housing 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:** _____