



# Grande Spirit Foundation

9505-102 Ave, Grande Prairie, Alberta, T8V 7G9

Telephone: 532-2905, Fax: 539-3155

## SENIOR HOUSING APPLICATION

### PERSONAL INFORMATION:

#### *Applicant*

Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss _____	
Home Phone: (     ) _____	Other Phone: (     ) _____
Birthdate: (dd/mm/yyyy) _____	SIN #: _____
Health Care #: _____	Blue Cross #: _____

#### *Co-Applicant*

Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss _____	
Home Phone: (     ) _____	Other Phone: (     ) _____
Birthdate: (dd/mm/yyyy) _____	SIN #: _____
Health Care #: _____	Blue Cross #: _____

#### *Next of Kin / Emergency*

Name: _____	Relationship: _____
Address: _____	City: _____
Home ph: (     ) _____	Work ph: (     ) _____
	Cell ph: (     ) _____

Are you:     Canadian Citizen             Landed Immigrant             Other: \_\_\_\_\_

Length of Residence in Alberta: \_\_\_\_\_ Length of Residence in Grande Prairie/Community/Area: \_\_\_\_\_

#### **Are you wanting to move because of: (Please explain on the next page if necessary)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No License/requires public transportation | <input type="checkbox"/> Requires lodge services/ Special Needs                | <input type="checkbox"/> To be closer to family/friends  |
| <input type="checkbox"/> Mobility concerns                         | <input type="checkbox"/> To be closer to doctor/medical                        | <input type="checkbox"/> Safety/security                 |
| Are you applying for: <input type="checkbox"/> Seniors Lodge       | <input type="checkbox"/> Seniors Apartment - would you accept a bachelor unit: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require a 2-bedroom unit?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                       | If yes, why? _____                                       |

Preferred Location    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_

When can you move in?     Immediately     1-3 Months     3-6 Months     6 Months – 1 Year



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## SPECIAL CIRCUMSTANCES

Please provide any additional comments regarding your desire or need to move to a Seniors Lodge or Seniors Apartment below.

Eviction: If you have been given a notice to vacate, please provide a copy of this notice.

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## HOUSING INFORMATION:

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Do you rent or own your present accommodation?     Rent     Own

Present Rental or Mortgage payment is \$ \_\_\_\_\_ per month.

If renting, name of your present Landlord: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Do you pay for:     Heat     Light     Water and Sewer

Present housing unit:     House     Apartment     Rooming House     Hotel/Motel     Other: \_\_\_\_\_

Does your accommodation have:     Kitchen     Bathroom     Living Room     Yard     Elevator

Number of bedrooms in your housing unit: \_\_\_\_\_

Does anyone live with you?     Yes     No    If YES, how many people? \_\_\_\_\_

If YES, number of person(s) sharing a bedroom: \_\_\_\_\_

Are your shower and/or bathtub, toilet and washbasin all located in your bathroom?     Yes     No

If NO, please give details: \_\_\_\_\_

Are your stove, refrigerator, cupboards, counter space, and sink all located in your kitchen?     Yes     No

If NO, please give details: \_\_\_\_\_

Do you have a pet?     Yes     No    If YES, what kind and how many of each? \_\_\_\_\_



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## FINANCIAL INFORMATION

Monthly Income:	Applicant	Co-Applicant	
Old Age Security (OAS)	_____	_____	
Guaranteed Income Supplement (GIS)	_____	_____	
Alberta Seniors Benefit (ASB)	_____	_____	
Canadian Pension Plan (CPP)	_____	_____	
Spouse Allowance	_____	_____	
Employment Income	_____	_____	
Investment Income	_____	_____	
Other (Specify)	_____	_____	=====
<b>Total Monthly Income</b>			<b>Combined Total:</b>

### Assets: (list description and estimated NET value)

Real Estate: Description: \_\_\_\_\_ Value: \_\_\_\_\_

Machinery & Description: \_\_\_\_\_ Value: \_\_\_\_\_

Vehicles: Description: \_\_\_\_\_ Value: \_\_\_\_\_

The information on this application is being collected under the authority of M.O. H:091/94 under the Alberta Housing Act. The Grande Spirit Foundation will use this information to verify and assess housing services required by the applicant. The information is protected from public disclosure by sections 38, 40 and 41 of the Freedom of Information and Protection of Privacy Act.



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**APPLICANT MEDICAL INFORMATION:** Applicant Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please check the following that apply to you:**

Subscribe to Lifeline       Smoker

**Mobility:** Do you use any of the following:

Cane       White Cane       Walker       Wheelchair       Scooter

**Home Care:** Do you receive home       Yes       No

If yes, Please check the following supports you receive:

AM/PM Care:       Dressing       Getting in/out of bed

Personal Care:       Bathing       Toileting       Pad Changes

Nursing:       Nursing      Describe: \_\_\_\_\_

How often does the nurse visit? \_\_\_\_\_

Other Home Care Assistance:      Describe: \_\_\_\_\_

**Please check the following services that you REQUIRE:**

**Personal Laundry:**  Occasional Laundry Service       Weekly       Several times a week ( due to personal health needs)

**Linen Laundry:**       Occasional Laundry Service       Weekly       Several times a week ( due to personal health needs)

**Housekeeping:**       Occasional (ie. Annual Clean)       Weekly       Several times a week ( due to personal health needs)

**Safety & Security:**  Lifeline       Personal Response System In The Building (ie: Nurse Call)

Routine Checks on Resident       24 hr Non-Medical Staff       24 hr Registered Nurse On Call  
Wellness (ie. Meal Times)

**Meal Service:**       Once a day       Twice a day       Three times a day

**Special Diet:**       Diabetic       Gluten Free       Low Cholesterol       Low Fat

Minced Food       Cut-up Food       Other: \_\_\_\_\_

**Medication:**       Assistance With Medication

**Social Activities:**       Daily Activities and Socialization With Other Residents

**Please list any FOOD or DRUG ALLERGIES:**

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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



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**CO-APPLICANT MEDICAL INFORMATION:** Co-Applicant Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please check the following that apply to you:**

- Subscribe to Lifeline       Smoker

**Mobility:** Do you use any of the following:

- Cane       White Cane       Walker       Wheelchair       Scooter

**Home Care:** Do you receive home       Yes       No

If yes, Please check the following supports you receive:

AM/PM Care:       Dressing       Getting in/out of bed

Personal Care:       Bathing       Toileting       Pad Changes

Nursing:       Nursing      Describe: \_\_\_\_\_

How often does the nurse visit? \_\_\_\_\_

Other Home Care Assistance:      Describe: \_\_\_\_\_

**Please check the following services that you REQUIRE:**

**Personal Laundry:**     Occasional Laundry Service     Weekly     Several times a week ( due to personal health needs)

**Linen Laundry:**       Occasional Laundry Service     Weekly     Several times a week ( due to personal health needs)

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Routine Checks on Resident     24 hr Non-Medical Staff     24 hr Registered Nurse On Call  
Wellness (ie. Meal Times)

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**Special Diet:**       Diabetic       Gluten Free       Low Cholesterol       Low Fat

Minced Food     Cut-up Food       Other: \_\_\_\_\_

**Medication:**       Assistance With Medication

**Social Activities:**     Daily Activities and Socialization With Other Residents

**Please list any FOOD or DRUG ALLERGIES:**

\_\_\_\_\_  
\_\_\_\_\_

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