



Application for Accommodation to Senior's Citizen Lodge

Personal information provided on this form is collected under the authority of the Alberta Housing Act and the Freedom of Information of Privacy Act of the Province of Alberta, section 32(c). Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed upon your request.

Last Name: _____ Given Names: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone #: _____ Email Address: _____

Personal Information:

Date of Birth: (mm/dd/yyyy) _____

Marital Status: (circle one) Married Single Widow(er)

Are you a Canadian Citizen? Yes No

Years of residency in the MD of Willow Creek or Ranchland or the Town of Nanton? _____

Years of residency in Alberta? _____

Personal Alberta Health Care Insurance Number _____

Do you receive the Alberta Senior's Cash Benefit? Yes No

Please provide a copy of your last year's Notice of Assessment for verification.

Physician:

Name: _____

Address: _____ City/Town: _____

Postal Code: _____ Telephone # _____

Contact Person: (Person to be notified in case of emergency and you authorize to have access to your personal, financial and medical information.)

Relationship: _____

Last Name: _____ Given Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Telephone Number: (H) _____ (W) _____ (C) _____

Email Address: _____

Do you authorize Mosquito Creek Foundation to contact this person when a room is offered? Yes No



Additional Contact Person: (a local person who can be called upon to give help if required, such as Personal Care, transportation, Laundry, etc.)

Last Name: _____ Given Name: _____

Address: _____

City /Town: _____ Postal Code: _____

Telephone Number: (H) _____ (W) _____ (C) _____

Email Address: _____

Level of Mobility / Ambulation:

Unaided Cane Walker Wheelchair

Personal care and Hygiene: (e.g. dressing, bathing)

no assistance required require assistance

Comments: _____

Medication:

able to manage on own difficulty remembering to take properly

Comments: _____

Household Activities: (are you able to do unassisted)

Shopping Laundry Meal Preparation Housekeeping

Nutrition:

Feel needs are being met Feel needs are not being met

Comments: _____

Social and Community:

Prefer to be by myself most of the time

Currently participate in outside activities and events

Comments: _____

Current Housing:

I live alone I live with others My home meets my needs

My home does not meet my needs and is a hardship for me.

Is Homecare Providing Service? (details of services):



Briefly explain why you are applying for lodge accommodation:

Additional information you may wish to supply with your application:

ELIGIBILITY CRITERIA: Applicants will be prioritized according to residency in the following order:

- Residents of Town of Nanton
- Residents of Alberta
- Residents outside Alberta
- Canadian Citizens

I understand that this is just an application and that it is not an agreement for lease on the part of Mosquito Creek Foundation, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Mosquito Creek Foundation, or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize Mosquito Creek Foundation, or its agents to investigate any or all of the statements made by me in this application, being fully aware that discovery of any false statements shall cancel any further consideration of my application.

I further agree that I am obligated to advise Mosquito Creek Foundation, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

Signature of Applicant: _____ Date: _____



TO BE COMPLETED BY ATTENDING PHYSICIAN

NAME OF APPLICANT: _____ Date: _____

X _____
Signature of Consent to Release Information to Mosquito Creek Foundation

1. How do you rate the applicant's physical health?

2. Has the applicant maintained his/her physical health over the past six months?
Yes No If yes, please explain: _____

3. Has the applicant had recent hospitalization / medical attention? Yes No
If yes, please explain: _____

4. What medical conditions does the applicant have? _____

5. Date of most recent chest x-ray? _____
Significant Results No Yes
If yes, explain: _____
6. Does the applicant exhibit any signs of cognitive impairment? Yes No
If yes, has the applicant had any investigation as to cause or prognosis?

7. Has the applicant had a Mini Mental or other cognitive function testing done recently?
Yes No
If no, would a cognitive function test be beneficial in assessing the applicant's suitability for Lodge Residency?
Yes No
8. Is the applicant on medications? Yes No
If yes, do you believe the applicant to be capable of taking and renewing his/her own medications? Yes No
9. Does the applicant require oxygen? Yes No
10. Does the applicant require a restricted diet due to a medical condition / s?
Yes No
If yes, what type? _____

11. Does the applicant have any physical disabilities / medical conditions that affect his / her independent function? Yes No
If yes, explain: _____

12. In your opinion, is the applicant capable of:
Managing own dressing and grooming? Yes No
Managing own bowel and bladder function? Yes No
Getting to the dining room independently? Yes No
13. How long has the applicant been your patient? _____
14. Any other medical information that would be beneficial in assessing this applicant's suitability for Lodge residency: _____



History and Symptom Inquiry

Previous History/treatment of TB:

No Unknown Yes – Date _____ Location _____ Treatment _____

Symptom Inquiry:

- Chronic cough of at least three weeks' duration No Yes
- Hemoptysis (blood in sputum) No Yes
- Fever No Yes
- Night Sweats No Yes
- Unexplained weight loss No Yes

Assessment of the Individual's risk of progressing to active TB Disease related to any of the following:

- Acquired Immunodeficiency Syndrome No Yes
- Human Immunodeficiency Virus Infection No Yes
- Transplantation No Yes
- Immunosuppressive Therapy No Yes
- Silicosis No Yes
- Chronic renal failure requiring hemodialysis No Yes
- Carcinoma of head and neck No Yes
- Recent TB infection (<2 years) No Yes

Only individuals with:

- A previous history of TB disease, or
 - Symptoms consistent with active TB disease (as above)
 - High-risk factors for the development of active TB disease (as above)
- should be referred for PA and lateral chest x-ray. The chest x-ray should be performed within six months of application for admission.

Physician's Name: (please print) _____

Physician's Signature: _____

Address: _____ City/ Town _____ Postal Code _____

Telephone # _____ Date: _____

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