



## APPLICATION FOR RESIDENCY

Please check the name of the community you are interested in applying for:

\_\_\_\_\_ Eagle View Lodge & Villa, Myrnam, AB

\_\_\_\_\_ Hillside Lodge, Two Hills, AB

\_\_\_\_\_ Eagle Hill Lodge, Willingdon, AB

**\*\*\* Please note for Supportive Living (SL) suites an assessment for placement must be completed by Alberta Health Services Home Care.**

☐ Independent Living

Name (in full) 1. \_\_\_\_\_ DOB (M/D/Y) \_\_\_\_\_

Name (in full) 2. \_\_\_\_\_ DOB (M/D/Y) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship of Emergency Contact Person to Yourself: \_\_\_\_\_

Next of Kin (name): \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address of Next of Kin: \_\_\_\_\_

Name of Your Current Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care # 1: \_\_\_\_\_ Health Care # 2: \_\_\_\_\_

Social Insurance #1: \_\_\_\_\_ Social Insurance #2: \_\_\_\_\_

Drivers License #1: \_\_\_\_\_ Drivers License #2: \_\_\_\_\_

If you are on Social Assistance, please provide name & office of your Social Worker:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have a Personal Directive? ☐ Yes ☐ No If yes, please provide a copy.

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

Will you require a Parking Stall? ☐ Yes ☐ No

**Monthly Income** – all incomes must be verified upon acceptance of residency:

	Applicant (\$)	Co-applicant (\$)
Old Age Security & Guaranteed Income Supplement	_____	_____
Alberta Assured Income Supplement	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
Company Pension	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other income – specify _____	_____	_____
TOTAL	_____	_____

**Please provide a copy of your Notice of Assessment from Canada Revenue Agency.**

**Assets** – please list all investments/assets & interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, RRSP's etc.:

Investments/Assets	Interest/Income
_____ \$ _____	Yearly (\$) _____ Monthly (\$) _____
_____ \$ _____	Yearly (\$) _____ Monthly (\$) _____
_____ \$ _____	Yearly (\$) _____ Monthly (\$) _____
_____ \$ _____	Yearly (\$) _____ Monthly (\$) _____
TOTAL \$ _____	TOTAL \$ _____ TOTAL \$ _____

Do you presently own or rent your home? ☐ Own ☐ Rent

Please provide cost per month including rent/mortgage payment, heat, power & water: \_\_\_\_\_

If renting please provide your present Landlord: \_\_\_\_\_

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

Reasons for wanting to move: \_\_\_\_\_

If you have been given a "notice to vacate" please submit a copy of the notice & state the reason for eviction: \_\_\_\_\_

**Do you presently receive Home Care?** Yes ☐ No ☐

**Do you require any mobility assistance/aids?** Cane ☐ Walker ☐ Wheelchair ☐ Transfer Assistance ☐

**Are you able to administer your own medication?** Yes ☐ No ☐

**Are you able to dress yourself?** Yes ☐ No ☐

**Are you able to prepare meals for yourself?** Yes ☐ No ☐

**Do you have any special dietary needs?** Yes ☐ No ☐ If yes, please specify: \_\_\_\_\_

**Are you able to do your own laundry?** Yes ☐ No ☐

**Hobbies and Interests:** \_\_\_\_\_

**References** (no relatives please):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

*I/we hereby certify that the forgoing is a true and correct statement regarding myself/ourselves and the particulars thereof.*

*The community may disclose this information about me/us if it is deemed to be required by law. I/we agree that the information received on this Application may be retained by the community.*

1. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit to the administration employee care partner or Manager.**

Revised February 2017