APPLICATION FOR ACCOMMODATION

(Failure to complete application in its entirety will result in processing delays)

Return Completed Application:	In person	By mail	By fax
	Keekenow Senior Facility 900 Mistassiniy Road South Phone: (780) 891-2985	Keekenow Senior Facility Box 1765 Wabasca, AB T0G 2K0	Fax (780) 891-2919

APPLICANT

Please check one: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Surname:	First Name:
Address:	Postal Code:
Telephone No:	Birth Date: (month/day/year)

Marital Status: ☐ Widowed ☐ Single ☐ Divorced ☐ Separated

Are you receiving the Alberta Senior Benefit? ☐ Yes ☐ No

ALTERNATE CONTACT

(Should the need arise, and we are unable to contact you, we will contact your next of kin)

Name:	Relationship:
Home Phone:	Cell Phone:
Address:	Postal Code:
Email:	

Name:	Relationship:
Home Phone:	Cell Phone:
Address:	Postal Code:
Email:	

CITIZENSHIP

Are you a Canadian Citizen? ☐ Yes ☐ No	Landed Immigrant? ☐ Yes ☐ No
Are you Aboriginal Status? ☐ Yes ☐ No	Independent Status? ☐ Yes ☐ No
Status # _____	Private Sponsorship? ☐ Yes ☐ No
How long have you lived in Canada? ____ yrs	If you answered YES above, please provide a photocopy of your immigration documents.
How long have you lived in Alberta? ____ yrs	

CURRENT ACCOMMODATION

Is your current accommodation … ☐ At home ☐ With Family

☐ Facility (where?) _____

☐ Other (please specify) _____

How long have you lived in your current accommodation? Months: _____ Years: _____

PLEASE CHECK IF YOU ARE RECEIVING ANY OF THE FOLLOWING SERVICES:

☐ Occupational Therapy Medical Alert ☐ System
☐ Meals on Wheels ☐
☐ Bathing Day Program ☐
☐ Physiotherapy DVA Assistance ☐
☐ Other (specify) _____

HEALTH INFORMATION

If you require accommodation for a special need, please explain:

_____

_____

_____

Please check any/all health concerns that apply to you:

☐ Incontinence ☐ Hearing ☐ Allergies ☐ Sight
☐ Diabetes ☐ Oxygen ☐ Seizures ☐ Alcohol (or other substance abuse)
☐ Mobility (use of walker, cane, wheelchair, scooter)
☐ Other: _____

FINANCIAL INFORMATION

Attach a copy of the Notice of Assessment (NOA) you received after filing your taxes last year. **Keekenow Senior Facility rent is based on Line 150 of your NOA.**

Rent calculations are done in accordance with the *Alberta Housing Act* (AHA) and Wabasca/Desmarais Housing Authority's rent calculation procedure.

Example:	Line 150 =	$19,700
	Divide by 12 months (1 year) =	$1,641.66
	Minus $375.00 =	**$1,267.00 (monthly rent)**

If you have questions, please talk to the Resident Service Manager or the Chief Administrative Officer (CAO).

Do you have a Power of Attorney? ☐ YES ☐ NO

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize Wabasca/Desmarais Housing Authority to gather relevant information necessary to assess my eligibility for residency at Keekenow Senior Facility. I understand that my application for admission to Keekenow Senior 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 Signature: _____ Date: _____

Witness: _____ Date: _____

I understand the terms as mentioned above and agree to the terms as presented.

_____ _____

Applicant Signature | Date

_____ _____

Witness Name (print) | Witness Signature

Witness Address: | Witness Phone Number:

_____ _____

_____

_____ _____

Keekenow Senior Facility | Date

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If application refused, state reason:

_____

_____

_____

_____

_____

_____

CLIENT ASSESSMENT FOR ENTRANCE

Name: _____ **Date**: _____

Do you receive home care?		☐ Yes ☐ No
Dressing	Do you manage independently?	☐ Yes ☐ No
Comment:	_____	
Bathing	Do you bathe yourself?	☐ Yes ☐ No
	Do you want to have assistance with bathing?	☐ Yes ☐ No
Comment:	_____	
Eating	Are you able to carry a plate of food to the table independently?	☐ Yes ☐ No
	Are you able to carry hot beverages?	☐ Yes ☐ No
	Do you have any dietary considerations?	☐ Yes ☐ No
Comment:	_____	
Toileting	Are you able to get on and off the toilet independently?	☐ Yes ☐ No
	Are you continent? If No, answer the following:	
	Urinary incontinence? ☐ Yes ☐ No	
	Stress incontinence? ☐ Yes ☐ No	
	Bowel incontinence? ☐ Yes ☐ No	
Comment:	_____	
Mobility	Do you use a mobility aid? If yes, answer the following:	☐ Yes ☐ No
	Walker? ☐ Yes ☐ No	
	Wheelchair? ☐ Yes ☐ No	
	Scooter? ☐ Yes ☐ No	
Comment:	_____	
Medications	Do you take your own medication?	☐ Yes ☐ No
	Do you want the Lodge to assist with your medications?	☐ Yes ☐ No
Comment:	_____	
Laundry	Do you wash your own laundry?	☐ Yes ☐ No
	Do you require assistance from your family?	☐ Yes ☐ No
	Will you require assistance from Keekenow?	☐ Yes ☐ No
Comment:	_____	

Self-managed Health Care

Are you currently receiving the following services or treatment?

Home care	☐ Yes ☐ No
Physiotherapy	☐ Yes ☐ No
Social worker	☐ Yes ☐ No
Day support from hospital	☐ Yes ☐ No
Respiratory therapy	☐ Yes ☐ No
Oxygen? ☐ Yes ☐ No	
Inhaler? ☐ Yes ☐ No	

Comment: _____

Mental Psychosocial Behaviour

Do you suffer from or have you suffered from the following?

Anxiety	☐ Yes ☐ No	Substance Abuse	☐ Yes ☐ No
Depression	☐ Yes ☐ No	Alcohol Abuse	☐ Yes ☐ No
Paranoia	☐ Yes ☐ No	Vision Loss	☐ Yes ☐ No
Hoarding	☐ Yes ☐ No	Hearing Loss	☐ Yes ☐ No
Wandering	☐ Yes ☐ No	Do you smoke?	☐ Yes ☐ No

Comment: _____

Family Support

Does your family live in the community? ☐ Yes ☐ No

Comment: _____

Self-contained: Household Management

Do you manage independently? ☐ Yes ☐ No

Do you currently prepare your own meals?	☐ Yes ☐ Requires assistance
Do you clean your own household?	☐ Yes ☐ Requires assistance
Do you do your own shopping?	☐ Yes ☐ Requires assistance
Do you fill out your own personal documents?	☐ Yes ☐ Requires assistance

Comment: _____

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Management Perception:

Communication	☐ Good ☐ Impaired
Oriented to date, place and time	☐ Good ☐ Impaired
Exhibit good judgement	☐ Good ☐ Impaired
Able to answer questions with little or no queuing	☐ Good ☐ Impaired
Cognitive state	☐ Good ☐ Impaired

Comment: _____

Assessment Summary: _____

Signature of Assessor _____ Date _____

Your response to the following is optional and in no way prejudices your eligibility for accommodation. This information is helpful in enhancing our programs and activities.

Name:

Skills

Interests

Food Preferences

Comments