WESTVIEW LODGE
ROCKY SENIOR HOUSING COUNCIL
5427 52 Avenue
Rocky Mountain House, Alberta
T4T 1S9
Telephone: 403-845-3588
Fax: 403-845-2228
Email: info@rockyseniors.com
Web: www.rockyseniors.com

In order to apply for Lodge accommodations please complete the following:

1. Fill out the enclosed application.

2. Attach proof of most current Income (Revenue Canada Tax Assessment).

3. Have your doctor complete the confidential medical report. They will fax it to us

4. We will contact you for an interview with us, and/ or Homecare once both the application form (including income information) and medical report are received, reviewed and points scored using the Lodge Accommodation Priority Rating System. We may ask further questions or involve medical professionals to determine your eligibility for Lodge Accommodation.

5. If you are eligible for Lodge accommodation and a room becomes available, the Administration Office will contact you to arrange for a tour of the building and to view a vacant room.

Applicants may decline the offer of Lodge Residency twice (2 times). If an applicant declines an offer 2 times their application will be removed from the waitlist. Thereafter, you must re-apply to Westview Lodge for Lodge Residency.

Important Note to <u>ALL</u> applicants: Family members/ Next of Kin are expected to be part of the support group in assisting the resident when they cannot manage their own care. It is highly recommended to have Family/ Next of Kin within 100km to support the residents needs as they age.

WESTVIEW LODGE
SCHEDULE B

As people age, they face challenges their loved ones may not know how to address. Fill out the assessment below to help identify areas of concern.

Activities of Daily Living (ADLs)

ON MY OWN, I AM ABLE TO	***YES***	***NO***
Dress		
Bathe		
Get up from chair/ bed		
Use the toilet		
Take care of my needs overnight		
Use the phone/ remember phone #s		
Prepare and eat nutritious meals		
Keep up the housework		
Keep up the yardwork		
Shop and do errands		
Get around the home without falling		
See and hear well (using glasses/ aids)		
Safely be alone for long periods of time		
Make and keep appointments		
Take all medications as directed		
Manage chronic health conditions		
Get help in an emergency		
Manage finances		

If "**NO**" is checked just a few times and you are able to successfully manage your home environment, look at getting help to manage any areas of concern from:

1. A family member or trusted friend;

2. Home Care services. Phone: 1-855-371-4122

WESTVIEW LODGE

All information submitted in this application is kept strictly confidential and will be retained only for the purpose of processing this application or as long as the applicant is a resident. We require a medical to assess your suitability for Westview Lodge. By providing contact information, it is implied that you have obtained permission from them to give us their personal contact information and permission for us to contact them as deemed necessary. If you have any questions you can contact our office at 403-845-3588.

PLEASE RETURN COMPLETED APPLICATION TO:
WESTVIEW LODGE
5427 52ND AVENUE
ROCKY MOUNTAIN HOUSE, AB
T4T 1S9

APPLICATION FOR OCCUPANCY

FULL NAME_____
Surname (PLEASE PRINT) First Name

PRESENT ADDRESS_____

POSTAL CODE: _____ TELEPHONE: _____ BIRTH DATE: _____
MM-DD-YYYY

LENGTH OF RESIDENCE IN CANADA: _____ IN ALBERTA _____

IN COUNTY _____ SPECIFY_____

ALBERTA HEALTH CARE INSURANCE NUMBER_____

SOCIAL INSURANCE NUMBER_____

PLEASE PROVIDE 2 CONTACTS OF RELATIVES OR FRIENDS LIVING IN THE AREA TO BE NOTIFIED IN CASE OF EMERGENCY.

NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP OF RESPONSIBLE PARTIES OR FRIEND LIVING IN THE AREA TO BE NOTIFIED IN CASE OF EMERGENCY/ SUPPORT YOU.

1.NAME: _____RELATIONSHIP _____

ADDRESS_____TELEPHONE _____

WESTVIEW LODGE

2.NAME: _____RELATIONSHIP _____

ADDRESS_____TELEPHONE _____

EXECUTOR:

NAME: _____TELEPHONE _____

ADDRESS _____

ALBERTA HEALTH CARE INSURANCE NUMBER_____

AN UP TO DATE MEDICAL CERTIFICATE IS REQUIRED BEFORE ADMISSION.

I hereby understand and agree that special care shall not be provided in Westview Lodge and that should I require special care in the future, I shall move to a facility providing same, upon request.
IMPORTANT NOTICE TO APPLICANTS: Once your applicant has been given approval in principle, and you accept the accommodation offered, you will be provided with a lodge resident's Terms of Occupancy, which together with this Application for Occupancy shall form the basis of your occupancy at Westview Lodge.

_____ _____
Signature of Applicant Witness

Date _____

WESTVIEW LODGE

1. Reason For Lodge Application (Please check all that apply)

☐ Difficult to maintain/ repair current accommodation.
☐ Current accommodation cannot easily be renovated to suit personal circumstances
☐ Current housing is not adequate e.g., overcrowding, dysfunctional, loss of accommodation.
☐ Moving for family support
☐ No affordable housing in current community
☐ Cannot easily access transportation and/ or community services
☐ Not able to prepare meals and/ or not eating properly
☐ Does not have assistance from family and/ or community services
☐Not able to participate in activities that meet your recreation preferences
☐ In current environment, you are at risk for abuse and/ or emergency situations
☐ Requires assistance with mental or physical concerns
☐ Eviction: (Reason) _____
☐ Other: _____

2. What concerns do you have about remaining in your current location?
_____
_____
_____

3. DO YOU COOK YOUR OWN MEALS? ____YES ____NO

- If no, what other arrangements have you made to provide for your nutritional needs? _____
  _____
- How many meals do you eat each day? _____
- Which ones? ____Breakfast ____Dinner _____Supper
- Who do you eat your meals with? _____
- Do you have well balanced and nutritious meals? ____Yes ____No
- What do you consider a well-balanced meal? _____
  _____

- ❖ Do you have food allergies or require a special diet?

____Yes ____No

- ❖ Do you have difficulty swallowing or chewing? ____Yes ____No

4. How often do you visit with friends? _____

- ❖ What activities do you enjoy? _____

_____

- ❖ What functions in the community do you attend? _____

5. Do you drive? ____Yes ____No

- ❖ If not, what arrangements do you make for transportation? _____

_____

- ❖ Is your residence located in town or country? _____
- ❖ How far are you from the nearest town? _____km
- ❖ How far are you from the nearest hospital? _____km

6. Do you have a "Help" line installed? ____Yes ____No

- ❖ Who responds in case of an emergency? _____

7. Do you manage your personal care and hygiene? ____Yes ____No

- ❖ What equipment do you have in your home for your personal safety, i.e. bath rails, etc.? _____
- ❖ If not, what assistance do you receive and who assists you? _____

_____

- ❖ Do you wear glasses? ____Yes ____No
- ❖ Are you able to read or watch television? ____Yes ____No
- ❖ Do you wear a hearing aid? ____Yes ____No

8. Has your health changed in the last six months? ____Yes ____No

- What were the changes and what has been done about them? _____

_____

- Have you been hospitalized or required medical attention in the last six months? ____Yes ____No
- How many times have you visited the doctor's office in the past year? _____
- Please list medical conditions you have been diagnosed with. _____

_____

- Do you require oxygen? ____Yes ____No
- Do you smoke? ____Yes ____No
- Do you have challenges with bladder control? ____Yes ____No
- Do you have challenges with bowel control? ____Yes ____No

9. Are you able to climb stairs? ____Yes ____No

- Do you use a cane, walker, and /or a wheelchair for mobility assistance? ____Yes ____No

*10. List all services received through community support services, i.e. Home Care, West Country Family Services, etc.*_____

_____

11. What other housing options are you considering? _____

_____

12. Do you own or rent your present accommodation? ____Own ____Rent

- If renting, name of your present landlord: _____

Telephone: _____ Address: _____

WESTVIEW LODGE

- ❖ Is your present accommodation: ____House ____Apartment?
- ❖ Elevator ____Yes ____No
- ❖ Rooming House _____ Motel/ Hotel____ Other____
- ❖ Details:

  _____

- ❖ Rooms in present accommodation: ____Kitchen ____Living Room ____Dining Room ____Bathroom # of Bedrooms____
- ❖ Number of person(s) sharing your present accommodation: ____Adults ____Children

13. Do you receive Alberta Senior Benefits? ____Yes ____No

14. Please check your residency:

- ☐ *Canadian Citizen*
- ☐ *Refugee*
- ☐ *Permanent Resident*
- ☐ *Sponsored by the Government of Canada*
- ☐ *Ukrainian Evacuee*
- ☐ *Applicant of Refugee or immigrant Status*
- ☐ *Landed Immigrant with private sponsorship*
- ☐ *Other*

15. How long have you lived in the Clearwater County? _____

- ❖ How long have you lived in Rocky Mountain House? _____
- ❖ How long have you lived in the Village of Caroline? _____
- ❖ How long have you lived in Alberta? _____

Please note: Westview Lodge determines housing accommodation eligibility based on residency requirements. Applicants must have lived in Clearwater County, the Town of Rocky Mountain House, or the Village of Caroline for a minimum of one year.

16. Do you have family in the area? ____Yes ____No

17. If a room were available, would you move in immediately?

____Yes ____No

Any comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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WHEN YOU BOOK THE APPOINTMENT PLEASE LET THEM KNOW THAT IT IS FOR A "MEDICAL".

This makes sure that enough time is booked for the appointment with your Doctor.

.....

TO: ATTENDING PHYSICIAN

Do not return this medical certificate to the applicant. Please complete and return directly to:

ADMINISTRATOR- **WESTVIEW LODGE**
5427 – 52 Avenue, ROCKY MOUNTAIN HOUSE, AB T4T 1S9
Telephone: 403-845-3588 Fax: 403-845-2228

I, _____HEREBY CONSENT TO THE RELEASE OF THIS INFORMATION TO ROCKY SENIOR HOUSING COUNCIL AS PART OF MY APPLICATION TO WESTVIEW LODGE/SELF CONTAINED UNITS (SCU).

_____ _____
Signature of Applicant Date

****

Name of Applicant _____ Age _____

Date of Examination _____

NOTE TO EXAMINING PHYSICIAN:

If this is a Lodge applicant; they must be able to feed themselves in a common dining room, get to meals and toilet independently. **The need for home care and other services MUST be arranged prior to admission.** Westview Lodge does not provide any home care or medical services.

Is Applicant physically able to wait on himself/herself? If answer is no, please explain in detail? ____Yes ____No

_____
_____

Medical History

Is there any past or present evidence of:

Depression	☐YES	☐NO
Cognitive impairment	☐YES	☐NO
Alzheimer's Disease	☐YES	☐NO
Dementia	☐YES	☐NO
Mental Illness	☐YES	☐NO
Congestive heart failure	☐YES	☐NO
COPD	☐YES	☐NO
Hypertension	☐YES	☐NO

Osteoporosis ☐YES ☐NO
Osteoarthritis ☐YES ☐NO
Other _____

If you answered yes to any of the above, please give detail of severity and if the applicant is being treated at this time

_____
_____
_____

Behavior

☐ Normal
☐ Cooperative
☐ Unpleasant
☐ Periods of Confusion
☐ Forgetfulness
☐ Persistent Confusion, Disorientation
☐ Hallucinations, Delusions
☐ Paranoia
☐ Habits
☐ Destructive
☐ Hoarding/ Rummaging
☐ Emotionally Unstable
☐ Withdrawn, apathetic
☐ Wanders
☐ Noisy, Disturbing to others
☐ Aggression

If you checked any of the above, please give detail of severity and if the applicant is being treated at this time

_____
_____
_____

If there are cognitive concerns please attach a cognitive test (MMSE, MoCA)

Physical Condition

Speech ☐ Normal ☐ Impaired ☐ Absent
Vision ☐ Normal ☐ Impaired ☐ Absent
Glasses ☐ Yes ☐ No
Hearing ☐ Normal ☐ Impaired ☐ Absent
Hearing Aid ☐ Yes ☐ No
Sleep Pattern ☐ Normal ☐ Problem _____

Diabetes ☐Yes ☐No
Insulin ☐Yes ☐No

Communicable Disease ☐Yes ☐No Type: _____

Infectious Diseases/ Antibiotic Resistant Diseases: ☐Yes ☐No

Chronic Disease which would require special care: ☐Yes ☐No

Oxygen required ☐Yes ☐No

Gastrointestinal ☐Yes ☐No If Yes, ☐Mild ☐Medium ☐Severe

Bladder ☐Continent ☐Incontinent ☐Intermittent

Bowel ☐Continent ☐Incontinent ☐Intermittent

Catheter ☐Yes ☐No

Colostomy ☐Yes ☐No

Mobility

☐ Independent ☐ Cane ☐ Walker ☐ Wheelchair
☐ Recent Falls- Describe:

_____
_____

Extra Assistance

Is your patient on Home Care? ☐Yes ☐No

Does your patient require medication assistance? ☐Yes ☐No

Does your patient require a special diet? ☐Yes ☐No

Requires assistance transferring in & out of bed and to washroom:☐Yes ☐No

Is there a concern the patient needs more help than can be provided for at home? ☐Yes ☐No

Has the patient been admitted to hospital in the last 3 months: ☐Yes ☐No

Is there a concern the patient has forgetfulness or memory loss? ☐Yes ☐No

In Reference to above, has there been changes in the last 3 months?
Comments:_____
_____
_____

Activities of Daily Living

Feeds self ☐Yes ☐No
Dresses Self ☐Yes ☐No
Does own grooming ☐Yes ☐No

Do you consider your patient to be suitable mentally and physically to enter Westview Lodge where no special care, nursing care, or special diets are available?

☐ Yes ☐ No

If No, explain:_____

RATING OF ACCEPTABILITY: A) ____, B) ____, C) ____, D) ____

A) Totally
B) Defects present, but controlled medically or surgically
C) Doubtful, because of senile changes, unclean habits
D) Unacceptable, chronic invalid, etc.

SIGNATURE OF PHYSICIAN: _____

ADDRESS: _____

_____

TELEPHONE
INCLUDE AREA CODE: _____