



# APPLICATION FOR ADMISSION

This form is created following the Alberta Housing Act.

### FOR OFFICE USE ONLY

Date of Application: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Priority Rating: \_\_\_\_\_ Date Move in: \_\_\_\_\_ Date Move Out: \_\_\_\_\_

### PLEASE PRINT ALL ANSWERS

Please return filled out forms to the Managers office as soon as possible in order for the applicant to be placed on waiting list, if there are no vacancies.

### **NOTE: ALL INCOME MUST BE VERIFIED UPON ACCEPTANCE AS A RESIDENT**

1. Which facility are you applying to move into:

\_\_\_\_\_ Vialta Lodge  
5128-57 Ave, Viking, AB  
Box 780, T0B 4N0  
Ph: 780-336-3353  
Fax: 780-336-3591

\_\_\_\_\_ Holden Lodge  
4820-52 Ave, Holden, AB  
Box 370, T0B 2C0  
Ph: 780-688-3817  
Fax: 780-688-2364

\_\_\_\_\_ Tofield Lodge  
5824-50 St., Tofield, AB  
Box 570, T0B 4J0  
Ph: 780-662-3477  
Fax: 780-662-7624

\_\_\_\_\_ Sunshine Villa  
5834-51 St., Tofield, AB  
Box 600, T0B 4J0  
Ph: 780-662-2490  
Fax: 780-662-0248

2. Notice of Assessment has been included with application? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Personal Information:

Full Name: \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

S.I.N. No: \_\_\_\_\_ Length of Residence in Alberta: \_\_\_\_\_

Smoker: \_\_\_\_\_ Non -Smoker: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Widow \_\_\_\_\_ Single \_\_\_\_\_ Common-Law \_\_\_\_\_

4. Are you a: Canadian Citizen \_\_\_\_\_ Landed Immigrant: \_\_\_\_\_ or \_\_\_\_\_?

5. Do you have a will? Yes \_\_\_ No \_\_\_ Who is executor? \_\_\_\_\_

6. Medical Information:

Doctors Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ Hospital: \_\_\_\_\_

Personal Health No: \_\_\_\_\_

Are you a Home Care Client? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Facility Information:

Do you require a parking stall? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prepared to accept placement in another lodge if we are unable to

accommodate you in your choice: Sunshine Villa \_\_\_\_\_ Tofield Lodge \_\_\_\_\_

Vialta Lodge \_\_\_\_\_ Holden Lodge \_\_\_\_\_

Would you move in to the next available vacancy? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever lived in a: Lodge \_\_\_\_\_ Manor \_\_\_\_\_ Subsidized Housing \_\_\_\_\_

Long Term Care \_\_\_\_\_ None of the Above \_\_\_\_\_

If you have lived in another facility, please name the facility: \_\_\_\_\_

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

Your Reason for Leaving: \_\_\_\_\_

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

Reason for referral and / or application: \_\_\_\_\_

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

**Name And Address Of Responsible Relative Or Friend To Be Notified In Case Of  
Emergency.**

**\*Please list contacts in order, beginning with the person you would like us to call first\***

- 1) Responsible Party: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Work No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_
  
- 2) Responsible Party: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Work No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_
  
- 3) Responsible Party: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Work No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, certify that the foregoing is correctly answered and I agree to abide by all rules and regulations as approved by the Beaver Foundation Board of Directors. I understand that home care services are provided in the lodge and that if I require special or nursing care after admission, I may be asked to accept home care services, or if necessary, find alternate lodging. I am aware that if Beaver Foundation feels that I am unable to manage on my own or with Home Care Assistance, I will be required to locate appropriate accommodations that will meet my health requirements. I authorize the Beaver Foundation to release medical information to the appropriate medical personnel to assure my immediate health and safety.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date



Does the applicant suffer from any communicable disease whereby their presence in the lodge would jeopardize the physical welfare of the other residents? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant been tested for T.B. \_\_\_\_\_ If yes date tested \_\_\_\_\_

Results \_\_\_\_\_

Doctor/Nurse administering and checking test: \_\_\_\_\_

Please list any follow up requirements: \_\_\_\_\_

Is the applicant suffering from any chronic disease, which incapacitates them to the point where they require special care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details

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

Does the applicant use oxygen: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes to what degree \_\_\_\_\_

\_\_\_\_\_

<b>Activities of Daily Life</b>	<b>Full Assistance Needed</b>	<b>Partial Assistance Needed</b>	<b>Supervision Only</b>	<b>None Needed</b>
Washing face & hands				
Grooming & shaving				
Dressing				
Bathing				
Feeding				
Toileting				
Use of incontinent supplies				

	<b>Complete</b>	<b>Partial</b>	<b>Occasional</b>	<b>None</b>
Bladder Incontinence				
Bowel Incontinence				

Catheter: Yes \_\_\_\_\_ No \_\_\_\_\_ Colostomy: Yes \_\_\_\_\_ No \_\_\_\_\_

**Intellectual Level of Functioning:**

	Yes	At Times	No
Cooperative			
Aggressive			
Tendencies to Wander			

	Yes	At Times	No
Confused			
Destructive			
Unpleasant			

Does the applicant show any signs of Dementia \_\_\_\_\_ If so to what degree: \_\_\_\_\_

Has the applicant ever been diagnosed with mental illness: Yes \_\_\_\_\_ No \_\_\_\_\_

Is the applicant being treated at this time: Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Diagnosis:**

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**History:**

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**Medications:**

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**Allergies or Drug Intolerance:**

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Has there ever been substance abuse: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Explain: \_\_\_\_\_

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Is there a communication difficulty: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes is this due to: Mental Causes \_\_\_\_\_ Deafness \_\_\_\_\_ Speech Difficulty \_\_\_\_\_

Language Barrier \_\_\_\_\_ Other \_\_\_\_\_

Do you consider him/her to be suitable mentally and physically to enter a lodge where no special nursing care is available? Yes \_\_\_\_\_ No \_\_\_\_\_

Should he/she be placed on Homecare where limited medical and social care is provided?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what type of care is required \_\_\_\_\_

How many times has the applicant been admitted to a Health Care Facility in the last six months:

**Diet:**

Regular \_\_\_\_\_ Low Salt \_\_\_\_\_ Diabetic \_\_\_\_\_ Other \_\_\_\_\_

Any Other Comments

Please fax or mail to the applicable Lodge:

Vialta Lodge: Fax: 780-336-3591 Mail: Vialta Lodge, Box 780, Viking AB, T0B 4N0

Tofield Lodge: Fax: 780-662-7624 Mail: Tofield Lodge, Box 570, Tofield AB, T0B 4J0

Holden Lodge: Fax: 780-688-2364 Mail: Holden Lodge, Box 370, Holden AB, T0B 2C0

Sunshine Villa: Fax:780-662-0248 Mail: Sunshine Villa, Box 600, Tofield AB, T0B 4J0

**\*Any charge for the completion of this form is the responsibility of the Applicant.**