APPLICATION FOR RESIDENCE - SUNSHINE LODGE DRUMHELLER & DISTRICT SENIORS FOUNDATION 698 – 6 Avenue East Drumheller, Alberta T0J 0Y5 Telephone: 823-3290 Fax: 823-3777 Email: reception@ddsf.ca Website: www.ddsf.ca

PART 1: APPLICANT INFORMATION

NAME: _____ ADDRESS: DO YOU OWN OR RENT YOUR PRESENT ACCOMMODATION: OWN RENT IF RENTING, PLEASE GIVE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR PRESENT LANDLORD: _____ DO WE HAVE YOUR PERMISSION TO CONTACT YOUR LANDLORD: YES NO TELEPHONE: HOME: _____CELL: _____ DATE OF BIRTH: _____ MARITAL STATUS_____ ALBERTA PERSONAL HEALTH # _____ DOCTOR: TELEPHONE: HOME CARE CLIENT: YES NO (PLEASE CIRCLE) YEARS OF RESIDENCE AT PRESENT ADDRESS ARE YOU A CANADIAN CITIZEN? IF NO, EXPLAIN DO YOU RECEIVE THE ALBERTA SENIOR'S BENEFIT? YES NO DO YOU REQUIRE A PARKING STALL? YES NO SPECIAL HOBBIES OR INTERESTS

PART 2: EMERGENCY INFORMATION

NEXT OF KIN AND/OR EMERGENCY CONTACT		
NAME:		_ RELATIONSHIP:
ADDRESS:		
PHONE:		_CELL:
NAME:		_RELATIONSHIP:
ADDRESS:		
PHONE:		_CELL:
DO YOU HAVE A PERS		
IF YES, WHO IS YOUR	AGENT?	
(IF NO, SEE ATTACHED PERSONAL DIRECTIVE FORM)		
PHONE # OF NAMED AGENT		
TRUSTEE/GUARDIAN/POWER OF ATTORNEY (IF APPLICABLE)		
NAME:		_PHONE #
TRUSTEE	GUARDIAN	POWER OF ATTORNEY
EXECUTOR OF WILL		
NAME:		_ PHONE #
LOCATION OF WILL		

PART 3: MOVE IN AVAILABILITY

WOULD YOU BE ABLE TO MOVE INTO THE LODGE SHOULD A VACANCY

OCCUR?

- YES, I WOULD MOVE INTO THE LODGE THIS MONTH SHOULD A VACANCY OCCUR
 - IF YOUR ANSWER IS YES, PLEASE MAKE AN APPOINTMENT FOR AN INTERVIEW WITH THE RESIDENT MANAGER.
- _____ NO, I WOULD NOT BE WILLING TO MOVE INTO THE LODGE THIS MONTH SHOULD A VACANCY OCCUR.
 - IF YOUR ANSWER IS NO PLEASE RETURN YOUR COMPLETED APPLICATION TO THE LODGE. IT WILL BE YOUR RESPONSIBILITY TO CALL THE LODGE AND SET UP AN INTERVIEW APPOINTMENT WITH THE RESIDENT MANAGER WHEN YOU FEEL YOU ARE READY TO MOVE TO THE LODGE.

PART 4: CERTIFICATION

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT:

(SIGNATURE OF APPLICANT)

ITEMS TO INCLUDE WITH APPLICATION FORM:

MOST RECENT NOTICE OF ASSESSMENT FROM REVENUE CANADA

GOVERNMENT REGULATIONS PRESCRIBE THAT EACH RESIDENT HAS A MINIMUM OF \$315.00 REMAINING FOLLOWING PAYMENT OF BASIC RENT. WITH THIS APPLICATION, AND ANNUALLY THEREAFTER, RESIDENTS ARE REQUIRED TO SUPPLY THE FOUNDATION WITH A COPY OF THE NOTICE OF ASSESSMENT RECEIVED FROM THE FEDERAL GOVERNMENT ONCE THE RESIDENT'S ANNUAL INCOME TAX RETURN HAS BEEN PROCESSED.

- □ MEDICAL REPORT FORM
- PERSONAL DIRECTIVE

This information is being collected under the authority of the Freedom of Information and Protection of Privacy Act 33(C). Any questions or concerns should be directed to:

Melanie Graff, Finance & Compliance Manager, 696 - 6th Avenue East Drumheller, Alberta T0J 0Y5 Telephone: (403) 823-3290 ext. 224