SUNSHINE LODGE

Where Friends Become Family!

HILLVIEW LODGE

DRUMHELLER DISTRICT SENIORS FOUNDATION

696 – 6 Ave E. Drumheller, Alberta T0J 0Y5
Phone: 403-823-3290 Fax: 403-823-2070 Email: reception@ddsf.ca
Website: www.ddsf.ca

APPLICATION FOR RESIDENCE - SELF CONTAINED UNITS

Check the self-contained unit you are applying for residence in.

____ Maple Ridge Manors – 49 units
____ Cottages – 12 units
____ Villas – 6 villas
____ Blooming Prairie – Morrin – 4 units
____ Highland Dell – Delia – 6 units

1. Applicant's Name: _____

   Date of Birth: _____ Alberta Personal Health # _____

   Telephone #: Home_____ Cell _____

   Marital Status: _____

   Vehicle: Year/Make/Model: _____

   Value: _____

2. Spouse's Name: _____

   Date of Birth: _____ Alberta Personal Health # _____

3. Are you a: Canadian citizen _____

   Landed immigrant _____

   Or _____

4. Present Address: _____

   Mailing Address: _____
   [if different from above]

   Years of Residence:_____ Email Address:_____

5. If you are on Social Assistance, please state the name, office and address of your social worker.
   Name: _____Phone: _____

   Address: _____

6. If you or your spouse have employment income(s), please state the name(s) and address(es) of the employer(s).

   a) Name of Employer: _____

   Address: _____Phone: _____

   b) Spouse's Employer: _____

   Address: _____Phone: _____

7. Do you own or rent your present accommodation: Own_____ Rent _____
   Present rent or house payment is $_____ per month, plus $ _____
   for heat, and $_____ for lights, water and sewer.

   If you own your home please provide a copy of your most recent Property Tax Assessment.

8. 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_____

9. Reasons for wanting to move: _____
   _____
   _____

   If you have been given a "Notice to Vacate" please submit a copy of the notice and state the reason for eviction: _____
   _____
   _____

10. Describe your present living accommodation: _____
    _____
    _____
    _____

11. Please state any physical disabilities you may have. Also, include any disabilities of anyone approved to share accommodation with you.
    _____
    _____
    _____
    _____

12. Assets:

Source	Applicant	Spouse
Chequing / Savings Accounts		
RRSP / RRIF		
Term Deposits / GIC		
Stocks		
Bonds		
Rental Property		
Other Investment Income		

13. With this application, and annually thereafter, residents are required to supply the Foundation with a copy of the Notice of Assessment [or Reassessment] of the household's income tax return filed for the immediately preceding taxation year. If the senior household does not provide the requested information, the management body will not be able to deduct a source of income, which the household may otherwise be entitled to as an eligible deduction.

14. Other related information you wish to provide.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

EMERGENCY CONTACT INFORMATION

NEXT OF KIN: [If none available, please list closest friends]

Name: _____Relationship: _____

Telephone: _____Address: _____

Name: _____Relationship: _____

Telephone: _____Address: _____

Name: _____Relationship: _____

Telephone: _____Address: _____

Do you have a will? _____ Yes_____ No

Name of Executor: _____

Address: _____Telephone: _____

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 Manager, Sunshine Lodge 696 -6th Avenue East Drumheller, Alberta T0J 0Y5
Telephone: (403) 823-3290. Ext. 224

DRUMHELLER & DISTRICT SENIORS FOUNDATION

696 – 6 Ave E. Drumheller, Alberta T0J 0Y5 403-823-3290 Fax: 403-823-3777

Medical Examination Report
Self-Contained

Applicant Name: _____ Examination Date: _____

Address: _____ Telephone No. _____

Date of Birth: _____ Height: _____ Weight: _____

PLEASE NOTE:
THIS REPORT CANNOT BE ACCEPTED IF IT IS NOT COMPLETELY FILLED OUT.

APPLICANTS AUTHORIZATION

I hereby, authorize the sharing of any records or knowledge of my health between any Physician, Medical Clinic, Home Care, Hospital and the Drumheller & District Seniors Foundation.

DATE: _____ **SIGNATURE: _____**

MENTAL CONDITION
____Normal
____Diagnosis of Dementia
____Mild
____Moderate
____Severe
____History of Delirium
____Delusions
____Hallucinations
____ Alcoholism
____ Drug Abuse

BEHAVIORS
____ Normal
____ Emotionally unstable
____ Easily angered
____ Verbally abusive
____ Physically abusive
____ Wandering
____ Hoarding

MOOD
____Normal
____Depression
____Withdrawn / apathetic

PHYSICAL CONDITION

Speech	____ Normal	____ Impaired	____ Absent
Vision	____ Normal	____ Impaired	____ Absent
Hearing	____ Normal	____ Impaired	____ Absent
Glasses	____ Yes	____ No	
Hearing Aid	____ Yes	____ No	

____ Obesity ____ Arthritis ____ Heart Problem ____ Lung Condition
____ High Blood Pressure ____ Low Blood Pressure

Other: (Please explain)

_____

_____

MOBILITY

__ Independent __ Walking Aid __ Wheelchair

Comments: _____
_____
_____

DEFECTS

__ Arms __ Hands __ Legs __ Feet __ Joints __ Body

Comments: _____
_____
_____

CARE REQUIREMENTS

__ Dresses self
__ Does own grooming
__ Bathes self
__ Feeds self
__ Manages own medications
__ Continent of urine
__ Continent of bowels

DIET

__ Regular __ Low salt __ Low fat __ Diabetic __ Other: (please explain)

_____
_____
_____

MEDICATIONS: **ALLERGIES:**

_____
_____
_____
_____

Does applicant require Home Care Services? ____ Yes ___ No
If yes, what services: _____
_____
_____

Is applicant suffering from any chronic diseases which require:
Special Care? _____ Medical treatment? _____
Comments:
_____
_____
_____

Please comment on any idiosyncrasies, sleeping patterns, personal hygiene

_____
_____
_____
_____

Any further remarks that may be helpful in evaluating the applicant

_____
_____
_____
_____

SIGNATURE OF PHYSICIAN: _____
PRINTED SIGNATURE: _____
COMPLETE ADDRESS:_____
TELEPHONE NO.: _____

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