



DRUMHELLER DISTRICT SENIORS FOUNDATION

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698 – 6th Ave E. Drumheller, AB. T0J 0Y5
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residentmanager@ddsf.ca
www.ddsf.ca

WELCOME - APPLICATION INFORMATION Sunshine Lodge 500 Wing

Thank you for expressing interest in Drumheller & District Seniors Foundation 500 wing suites. The following information will assist you in completing your application for residency.

DDSF is a non-profit organization providing a comfortable, home-like environment for functionally independent seniors. Applicants are assessed on a priority rating system to determine need in terms of risk factors, independence, current housing, and income level. Please note that these units are not subsidized, therefore, they are offered at full market rate.

Eligibility if you are:

- 65 years of age or older (under 65 years of age will be reviewed by the CAO for approval)
- Preference is given to residents of Drumheller and surrounding area
- Medically stable
- Functionally independent
- Adequate monthly income to afford rent. Should a resident's income decrease substantially during their residency, the Foundation will attempt to offer other subsidized accommodations.

To apply for Lodge accommodations please complete the following:

1. Fill out the enclosed application.
2. Attach proof of income (Notice of Assessment) as instructed in the application form.
3. Have your doctor complete the confidential medical report and return it with your application.
4. The **application** form (including income information, **NOA**) and **medical report** must all be received by the Resident Manager before processing can begin. Once the completed application package has been reviewed, you will be asked to attend a personal interview with the Resident Manager to assess your needs. When the assessment has been completed, scored and approved, your name will be added to our 500-wing waitlist. If your needs are beyond what our facility can safely manage, your application may be denied. If your application is approved, you will receive a letter stating that your name is now placed on our Lodge Waitlist.
5. When a suite becomes available, the Resident Manager will contact you. If you accept- an appointment will be arranged to finalize admission. If you decline an offer **3** times your application will be removed from the waitlist and all documentation will be obsolete and you must then re-apply to ensure a spot on the waitlist.

Date received: _____

APPLICATION FOR LODGE ACCOMMODATION

(CONFIDENTIAL) PLEASE READ CAREFULLY

Applicants Name: _____

(Last name)

(First name)

Date of Birth: _____ Marital Status: _____

Telephone No: _____ Cell No: _____

Email Address: _____

Mailing Address: _____

Residency (years): Alberta _____ Starland County _____

Are you a Canadian Citizen Yes No, If No, Explain?

Alberta Health Care No: _____ Language: English Other _____

Doctors Name: _____ Phone No: _____

1. Co-Applicants Name: _____

(Lastname)

(First name)

Date of Birth: _____ Marital Status: _____

Telephone No: _____ Cell No: _____

Residency (years): Alberta _____ Starland County _____

Alberta Health Care No: _____ Language: English Other _____

Doctors Name: _____ Phone No: _____

2. Alternate Contact: _____

(Last name)

(Firstname)

(Relationship)

Telephone No: _____ Cell No: _____

Email Address: _____

Mailing Address: _____

3. Reason for Lodge Application (Please check all that apply)

- Difficult to maintain/repair current accommodation
- Current accommodation cannot easily be renovated for personal circumstances
- Current housing not adequate – overcrowding, dysfunctional, loss of accommodation
- Moving for family support
- 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
- Other: _____

4. Is your present accommodation a:

- House Apartment - Elevator Yes No Rooming House
- Motel/Hotel Mobile Home Live with family Other _____

Do you own or rent your present accommodation: Own Rent?
Rent/Month \$ _____ Utilities Included Yes No

5. Please list activities you would participate in at the Lodge:

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

7. When would be the soonest that you would be able or willing to move into the lodge?

(starting from the date you submitted your completed application)

- immediately 1-3 months 3-6 months 6 months – 1 year more than 1 year

8. Do you have a personal directive? YES NO

Have you applied for lodge accommodation within the last two years? Yes No
When is Lodge accommodation required?

9. Income *Please attach a copy of your most recent Notice of Assessment from Canada Revenue

APPLICANT:

Annual income from line 150 of most recent income tax return. \$ _____

line 435 of most recent income tax return. \$ _____

CO-APPLICANT:

Annual income from line 150 of most recent income tax return. \$ _____

line 435 of most recent income tax return. \$ _____

10. Confidentiality Agreement

This confidential information is being collected in accordance with the Alberta Housing Act, in that it relates directly to and is necessary to determine eligibility of applicants of DDSF Sunshine Lodge. Personal information contained herein may be disclosed if deemed necessary to assess eligibility of applicants. It is protected by the privacy provisions of the freedom of information and Protection of Privacy Act.

The information I have provided is true and accurate.

Signature of Applicant

Signature of Co-Applicant

Date

Date

APPLICANTS WILL BE KEPT ON FILE FOR 12 MONTHS UNLESS CONTACT HAS BEEN MADE BY THE APPLICANT OR DDSF.

ITEMS REQUIRED:

COMPLETED APPLICATION

MOST RECENT NOTICE OF ASSESSMENT FROM REVENUE CANADA

GOVERNMENT REGULATIONS PRESCRIBE THAT EACH RESIDENT HAS A MINIMUM OF \$322.00 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

Please return application and all attachments to:
Drumheller & District Senior Foundation
c/o Resident Manager
698 – 6th Ave E. Drumheller, AB. T0J 0Y5

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: