



Where
Friends
Become
Family!



DRUMHELLER DISTRICT SENIORS FOUNDATION

698 6th Ave. E. Drumheller, AB T0J 0Y5 (403)823-3290 FX (403)823-3777

residentmanager@ddsf.ca

www.ddsf.ca

WELCOME - APPLICATION INFORMATION

Thank you for expressing interest in Drumheller & District Seniors Foundation – **Sunshine Lodge**. 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 DDSF accepts applications for both higher income and lower income individuals and couples.

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

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 Lodge 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 an applicant declines an offer **3** times their application will be removed from the waitlist and all documentation will be obsolete. At which time you must re-apply to ensure a spot on the waitlist.
-

Date received: _____

APPLICATION FOR LODGE ACCOMMODATION

(CONFIDENTIAL) PLEASE READ CAREFULLY

Applicants Name: _____

(Lastname)

(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
- 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 lodge environment to assist with mental or physical concerns
- Eviction: (Reason) _____
- 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

If renting, please provide the name and phone number of your current/or previous landlord:

Do you give permission for the Lodge to contact your Landlord? 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 and**

Taxation*

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 \$357.00 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

Ph: 403-823-3290, ext. 223. Fax: 403-823-3777

residentmanager@ddsf.ca

www.ddsf.ca

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, 696 - 6th Avenue East Drumheller, Alberta T0J 0Y5

Telephone: (403) 823-3290 ext. 244



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LODGE APPLICATION MEDICAL EXAMINATION REPORT

PLEASE NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED BY A PHYSICIAN PRIOR TO PROCESSING

This medical information is required by **Drumheller District Seniors Foundation** for all applicants wishing to obtain residency in the **Sunshine Lodge** program. Please ensure that a physician completes all required sections.

****Any cost associated with the completion of this form is the responsibility of the applicant****

APPLICANT AUTHORIZATION

I hereby authorize any Physician, Medical Clinic, Hospital, Home Care Personnel, or other person that has any records or knowledge of my health to provide full information to the DDSF or any authority acting on their behalf.

DATE: _____ SIGNATURE: _____

APPLICANT NAME: _____ EXAMINATION DATE: _____

ADDRESS: _____ TELEPHONE NO: _____

DATE OF BIRTH: _____ WEIGHT: _____ HEIGHT: _____

SEX: Male Female _____ AHC #: _____

PREFERRED PHARMACY: _____

Mental Condition

- Normal
- Periods of Confusion
- Forgetfulness
- Persistent Confusion, Disorientation
- Hallucinations, Delusions
- Paranoia
- MMSE _____ /30, Date: _____

Behavior

- Normal
- Hoarding/Rummaging
- Emotionally Unstable, If Yes: _____
- Withdrawn, Apathetic, If Yes: _____
- Wanders, Elopement
- Noisy, disturbing to others
- Aggression, If Yes: _____

Physical Condition

Speech	Normal	Impaired	Absent
Vision	Normal	Impaired	Absent
Glasses	Yes	No	
Hearing	Normal	Impaired	Absent
Hearing Aid	Yes	No	
Denture Status	Dentures	Own Teeth	___ Regular Dental Visits: Y/N
Sleep Pattern	Normal	Problem	_____

Mobility

Independent	Cane	Walker	Wheelchair (not allowed in lodge)
Recent Falls, Describe: _____			

Diet

Regular	Low salt	Low fat
Diabetic	Celiac	Renal
Other: _____		
Food Allergies: _____		

Is there evidence of past or present abnormality of? If yes, provide details

Skin Condition	Yes	No	_____
Cardiovascular System	Yes	No	_____
Respiratory System	Yes	No	_____
Gastrointestinal System	Yes	No	_____
Musculoskeletal System	Yes	No	_____
Nervous System	Yes	No	_____
Genital Urinary Conditions	Yes	No	_____
Mental Health Conditions	Yes	No	_____
Infectious Disease	Yes	No	_____
Dementia	Yes	No	_____
Chest X-Ray	Yes	No	Date: _____ Results: _____

Activities of Daily Living

Feeds Self	Yes	No	Bathes Self	Yes	No
Dresses Self	Yes	No	Continent of bowels	Yes	No
Does own grooming	Yes	No	Continent of urine	Yes	No

Additional Pertinent History

Alcohol /Drug Abuse	Yes	No	Treatments?	_____
Tobacco Use	Yes	No	C. Difficile	Yes No
MRSA	Yes	No	VRE	Yes No

Medications

Manages own medications.	Yes	No
Is patient able to acquire and administer medications on their own?	Yes	No
Does the patient require their medications to be in dosettes/blister pack?	Yes	No
Does the patient require assistance in taking their medications safely?	Yes	No
Does the patient receive a yearly flu shot? Last shot (MM/YY) _____	Yes	No

Medical Allergies: _____

List of Medications: _____

Does this applicant have a Goals of Care/Green Sleeve?	Yes	No
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Home Care Services

Does the applicant require or receive Home Care Services?	Yes	No
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If Yes, what services: _____

Level of daily functioning

Does the patient have the cognitive and physical abilities required to live independently ?	Yes	No
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SIGNATURE OF PHYSICIAN: _____ DATE: _____

PRINTED NAME: _____ TEL NO: _____

ADDRESS: _____

After completion please return to applicant, OR Forward to:

Drumheller & District Seniors Foundation

698 6th Ave. E. Drumheller, AB T0J 0Y5

Phone: (403)823-3290, FAX: (403)823-3777

Email: residentmanager@ddsf.ca

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