Seniors lodge living application instructions

Read each question carefully and answer all that apply to you. If you have any questions, call us at 780-963-2149 or email mhfadmin@meridianfoundation.ca.

Make sure your application is complete and includes all required documents and signatures. Missing information will delay processing.

Who can apply

You must be:

- 65 or older.
- Functionally independent with or without the community support services, such as Home Care.
- A resident of Parkland County, Spruce Grove, or Stony Plain for one year or more.

Complete your application

Fill out this application, starting on page 3, and include the following required documents:

- Income Tax Notice of Assessment (NOA) from the Canada Revenue Agency for the current year

How to submit your application

Once you have completed all of the documents, sign and date it, and send it along with your required documents to one of the following:

- **Email:** mhfadmin@meridianfoundation.ca
- **In-person:** Meridian Housing Foundation Admin Office at 4908 53 Ave. in Stony Plain, AB
- **Mail:** Meridian Housing Foundation, 4908 53 Avenue, PO Box 3191, Stony Plain, AB T7Z 1Y4
- **Fax:** 780-591-0031

After we receive your application

1. Call our office to set up an interview.
2. Your application will be reviewed.
3. If eligible, we will give your application a point score and add your name and score to our waitlist. Those with a higher level of need will be placed higher on the list.
4. To remain on our waitlist, please keep your information, such as your phone number or income sources, up to date so your application maintains its priority.
5. Those who decline accommodation three times may be removed from the waitlist.

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Seniors lodge living application

Date of application (yyyy-mm-dd)

Preferred location

Supportive lodge living ☐ Horizon View Lodge (Spruce Grove) ☐ Whispering Waters Manor (Stony Plain)	**Independent lodge living** ☐ Forest Ridge Place (Stony Plain)

Assistance with application (if applicable)

If someone assisted you with this application and you wish to authorize Meridian Housing Foundation to discuss your application with them, provide their contact information below.

Designated individual last name (legal)	Designated individual first name (legal)	Relationship

Phone (main)	Email

Primary applicant information

Primary applicant last name (legal)	Primary applicant first name (legal)	Middle initial

Preferred name

Date of birth (yyyy-mm-dd)	Email

Phone (main)	Phone (alternative)

Gender	Marital status	Citizenship status
☐ Female ☐ Male ☐ Prefer not to say	☐ Single ☐ Married ☐ Common law ☐ Separated ☐ Divorced ☐ Widowed	☐ Canadian citizen ☐ Permanent resident ☐ Privately sponsored ☐ Other: _____

Do you find any of the following activities difficult?	Are you receiving any of these community support services?
☐ Using stairs ☐ Preparing meals ☐ Doing laundry ☐ Housekeeping ☐ Shopping ☐ Getting dressed ☐ Bathing/personal hygiene	☐ Bath/shower assistance ☐ Meals on Wheels ☐ Medication assistance ☐ Other: _____

Do you use any mobility aids?	Do you smoke?	Do you need parking?	Does your family live in the community or nearby?
☐ Yes ☐ No List type: _____	☐ Yes ☐ No	☐ Yes ☐ No List type: _____	☐ Yes ☐ No

Co-applicant information (if applicable)

Only complete this section if you have a co-applicant with whom you are applying.

Relation to primary applicant

☐ Spouse ☐ Relative ☐ Friend ☐ Other: _____

Co-applicant last name (legal)	Co-applicant first name (legal)	Middle initial

Preferred name

Date of birth (yyyy-mm-dd)	Email

Phone (main)	Phone (alternative)

Gender	Marital status	Citizenship status
☐ Female ☐ Male ☐ Prefer not to say	☐ Single ☐ Married ☐ Common law ☐ Separated ☐ Divorced ☐ Widowed	☐ Canadian citizen ☐ Permanent resident ☐ Privately sponsored ☐ Other: _____

Do you find any of the following activities difficult?	Are you receiving any of these community support services?
☐ Using stairs ☐ Preparing meals ☐ Doing laundry ☐ Housekeeping/yard work ☐ Shopping ☐ Getting dressed ☐ Bathing/personal hygiene	☐ Bath/shower assistance ☐ Meals on Wheels ☐ Medication assistance ☐ Other: _____

Do you use any mobility aids?	Do you smoke?	Do you need parking?	Does your family live in the community or nearby?
☐ Yes ☐ No List type: _____	☐ Yes ☐ No	☐ Yes ☐ No List type: _____	☐ Yes ☐ No

Household income

Include a copy of the current Notice of Assessment (NOA) from the Canada Revenue Agency for each applicant.

	Primary applicant	**Co-applicant**
Highest source of income (e.g., ASB, CPP, OAS, RRSP, RRIF, GIS, private pension, etc.)	$	$
Line 15000 of the most recent Notice of Assessment (NOA) from the Canada Revenue Agency	$	$
Alberta Seniors Benefit (ASB)	$	$

Current accommodations

Are you a resident of a contributing municipality (Parkland County, Spruce Grove, or Stony Plain)?

☐ Yes ☐ No If yes, for how many years? _____

Street address (include unit number if applicable)

Town/City	Province	Postal code

What is your current living situation?

☐ Property owner
☐ Renter
☐ Living with family
☐ Other: _____

What kind of place do you live in?

☐ Apartment
☐ Townhouse
☐ House
☐ Basement/Secondary suite
☐ Room
☐ Other: _____

Do you live with anyone other than the co-applicant?

☐ Yes ☐ No

If yes, how many:
Adults #: _____ Children #: _____

Specify relationship: _____

Does your current place meet your needs?

☐ Yes ☐ No

Do you need to move out of your current location?

☐ Yes ☐ No

If yes, provide an explanation below.

Additional information

Is there anything else you'd like to tell us to support your application?

Declaration

I/We understand/agree that:

- This application is not an agreement by Meridian Housing Foundation to provide me/us with lodge accommodations.
- Meridian Housing Foundation may gather additional information to assess my/our eligibility for lodge accommodations and to meet the obligations of a tenancy agreement.
- I/We will provide any additional information required by Meridian Housing Foundation to assist with the assessment of my/our program eligibility.
- I/We will inform Meridian Housing Foundation of any changes to the information provided in this application and provide any supporting materials required.
- Meridian Housing Foundation may disclose my personal information in limited circumstances for the purpose of determining or verifying my/our suitability or eligibility for a housing program, service, or benefit.
- Providing false information, or refusing to provide required information may result in my/our application being removed from consideration.
- Meridian Housing Foundation reserves the right to withdraw, revoke, or cancel, without penalty or liability for damages, any acceptance or approval of this application at any time before executing and delivering a rental agreement.
- This consent remains valid unless revoked in writing to Meridian Housing Foundation.
- Refusing or withdrawing this consent will result in the ineligibility for housing programs, benefits, and/or services offered by Meridian Housing Foundation.
- I/we declare that this is my/our application and that all information is true and complete.

Primary applicant initials	Co-applicant initials

Consent to use electronic communications

I/we authorize Meridian Housing Foundation to communicate with me/us by email any correspondence, requests for information, or any other documents as necessary under the *Alberta Housing Act*.

Meridian Housing Foundation will make every effort to encrypt emails containing personal information. However, I/we acknowledge the following:

- Email is not a secure form of communication.
- There is a risk of third-party interception.
- The confidentiality of email messages cannot be guaranteed.
- This consent remains valid unless revoked in writing to Meridian Housing Foundation.

Primary applicant initials	Co-applicant initials	Designated individual initials

Consent to release personal information form

I/We consent to the disclosure of my/our personal information collected by Meridian Housing Foundation for the purpose of:

- Verifying the information provided in my/our application, including any future information from my/our household.
- Release and exchange my/our information and documents with individuals, agencies, organizations, institutions, or other sources. This may include caseworkers, support workers, health care providers, Family and Community Support Services (FCSS), trustees, and emergency contacts.
- Release and exchange my/our information and documents with federal, provincial, or municipal government programs and departments, including, Employment Insurance, Workers' Compensation Board (WCB) – Alberta, and Alberta Works.

I/We understand this consent remains valid unless revoked in writing to Meridian Housing Foundation.

I/We acknowledge that withdrawing consent will result in ineligibility for any programs and services we may be receiving.

Primary applicant name (printed)	Primary applicant signature	Date (yyyy-mm-dd)
Co-applicant name (printed)	Co-applicant signature	Date (yyyy-mm-dd)
Designated individual name (printed)	Designated individual signature	Date (yyyy-mm-dd)

The personal information collected through this application are for the purposes of managing, monitoring, or administering Meridian Housing Foundation's housing programs. This collection is authorized by section 4 (c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact the privacy officer at privacy@meridianfoundation.ca.

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Seniors lodge resident information form

Complete the information below to add or change your personal or family contact information.

Resident information

Resident (1) first and last name	Date of birth (yyyy-mm-dd)	Alberta Health Care Number
List allergies (if applicable)		Diabetes ☐ Yes ☐ No
Resident (2) first and last name (if applicable)	Date of birth (yyyy-mm-dd)	Alberta Health Care No.
List allergies (if applicable)		Diabetes ☐ Yes ☐ No

Next of kin and executor contact information

Kin (1) first and last name	Relationship
Phone (main)	Email
Kin (2) first and last name	Relationship
Phone (main)	Email
Executor first and last name	Relationship
Phone (main)	Email

For office use only

Move in date (yyyy-mm-dd)	Suite	Building
Phone (main)	Inspection ID No.	

☐ Void cheque ☐ Security deposit ☐ Medi-pendant ☐ Copy of tenant insurance
☐ Cardx ☐ Direct debit ☐ Keys ☐ Medi-pendant
☐ Laundry ☐ Meals ☐ Parking

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Medical exam report

We require all applicants applying to live in a seniors' lodge to provide a current medical exam report with their application. Take this form to your family doctor, have them fill out the required information and sign it. Please note that you are responsible for any costs related to the medical exam report.

Thank you, Doctor, for taking the time to fill out this form. This medical exam report will help us determine whether our seniors independent or supportive lodge would be a suitable fit for the individual listed below.

If you have any questions, please call us at 780-963-2149 or fax 780-591-0031.

Individual consent to release medical information

First and last name	Date (yyyy-mm-dd)

I authorize the release of the following medical information to Meridian Housing Foundation.

Individual signature

Date (yyyy-mm-dd)

Medical information

Does the individual:

Self-care Maintain their personal hygiene? ☐ Yes ☐ No Control urination? ☐ Yes ☐ No Control bowel movements? ☐ Yes ☐ No Manage a colostomy independently? ☐ Yes ☐ No	**Independence** Capable of light house keeping? ☐ Yes ☐ No Able to prepare their own meals? ☐ Yes ☐ No Show signs of dementia? ☐ Yes ☐ No Have difficulties communicating? ☐ Yes ☐ No Require home care services? ☐ Yes ☐ No
Mobility Walk without assistance? ☐ Yes ☐ No Walk with assistance of mobility aids? ☐ Yes ☐ No Use a wheelchair? ☐ Yes ☐ No If they use a wheelchair, can they transfer unassisted? ☐ Yes ☐ No	**Dietary** Have diabetes? ☐ Yes ☐ No Have food allergies? ☐ Yes ☐ No
List allergies	

Health history/Comments

Assessment

Do you believe this individual is mentally and physically capable of taking care of themself in a communal living environment with only limited support and home care available? ☐ Yes ☐ No

Doctor information

Doctor name (printed)	No. years individual under your care
Specialization	Provincial license no.
Clinic name and address	Clinic phone

Doctor declaration

I confirm that the information in this document is accurate and complete to the best of my knowledge.

Doctor signature

Date (yyyy-mm-dd)

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