



PINCHER CREEK FOUNDATION

CRESTVIEW LODGE APPLICATION FORM

This confidential information is being collected in accordance with the Alberta Housing Act, and under the authority of the PINCHER CREEK FOUNDATION, to be used to determine eligibility of the applicant to reside at Crestview Lodge. Personal information contained herein may be disclosed if deemed necessary to assess eligibility of the applicant. This information is protected by the provisions of the Freedom of Information & Protection of Privacy Act. If you have any questions regarding the collection of information, please contact the Chief Administrative Officer at the Pincher Creek Foundation.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED AND IS ACCOMPANIED BY A MEDICAL EVALUATION.

Your application will only be held on our waitlist file for a period of one year.

The following information must be attached to this application:

- A copy of your most recent Notice of Assessment from CRA
- Attached Medical Assessment for that must be completed by your Doctor

PLEASE PRINT CLEARLY

FULL (LEGAL) NAME(S):

_____ (Surname) _____ (Given Names)
Date of Birth: _____ Place of Birth: _____

Personal Health No. _____

Length of Residence in: Canada _____ Alberta _____ Pincher Creek Area _____

Marital status: ___ Married ___ single ___ widowed ___ divorced/ separated
___ Adult Interdependent Relationship

Present Address: PO Box No. or Street address _____

_____ (City, Town) _____ Province _____ (Postal Code)

Telephone: (h) _____ (cell) _____ Email _____

Do you currently: own _____ rent _____ live with family _____ other _____

If renting name of Landlord _____ phone _____

Citizenship _____ Canadian Citizen _____ Landed Immigrant _____ Other

Name and address of responsible party to be notified in case of emergency:

1. Name _____ Relationship _____

Address: _____

Phone: (h) _____ (cell) _____ email _____

2. Name _____ Relationship _____

Address: _____

Phone: (h) _____ (cell) _____ email _____

Please indicate what type(s) of income you receive:

Provide a copy of most recent Notice of Assessment from CRA

INCOME:		Monthly
Old Age Security (OAS)	\$	_____
Guaranteed Income Supplement (GIS)	\$	_____
Alberta Seniors Benefit	\$	_____
Canada Pension Plan Retirement (work) Pension	\$	_____
War Veterans Pension	\$	_____

Do you have a WILL: Yes ___ No ___

If Yes, please indicate:

Name of Executor

Address, phone no.

Do you have a Power of Attorney ? Yes ___ No ___

If yes, please attach a copy

Do you have a Personal Directive ? Yes ___ No ___

If Yes, please attach a copy

Do you have a Level of Care (Greensleeve) ? Yes ___ No ___

PERSONAL NEEDS: Pincher Creek Foundation provides Supportive Lodge accommodations to, ambulatory seniors who have the mental and physical capabilities to perform daily living skills independently with controlled behavior and good judgment/decision making abilities.

Do you require assistance with any of the following ?

Personal Hygiene	Yes ___	No ___
Dressing	Yes ___	No ___
Bathing	Yes ___	No ___
Personal Laundry	Yes ___	No ___
Shopping, Banking, Business Affairs	Yes ___	No ___
Making your bed	Yes ___	No ___
Cooking Meals	Yes ___	No ___
Difficulty with stairs	Yes ___	No ___

If Yes to any of the above, please indicate what type of assistance is required and the name(s) and telephone number(s) of the individual(s) or agency providing the assistance:

Type of Assistance Name of Individual / Home Care

Family Doctor's Name: _____

Home Care Nurse Name: _____

Allergies (Food or Drug) _____

Diabetic _____ Heart Condition _____ Other _____

Religion (optional) _____

What type of activities do you enjoy? _____

What method of transportation do you use ? own ___ taxi ___ other ___

Do you smoke ? yes ___ no _____

Do you receive meals on wheels ? yes ___ no ___

Do you use any mobility aides ? yes _____ no _____

If yes, what type: cane ___ walker ___ manual wheelchair ___ motorized wheelchair _____

RESIDENCY AGREEMENT
Responsible Party and / or Legal Guardian Form

I _____ being the responsible party and/or legal guardian for the applicant, _____ do agree that should the applicant require any special care, I will make arrangements to accommodate those special needs. This could include providing and arranging additional personal care within the Lodge facility or moving the applicant from the Lodge. All decisions of this nature will be made at the discretion of Pincher Creek Foundation, in compliance with the eligibility requirements for Lodge residents. I also agree to pay the costs of any additional personal care if the resident is unable to. In the event of an emergency, Lodge personnel reserve the right to contact an outside agency if deemed necessary. Any charges arising from this will be the responsibility of the resident or the responsible party and/or legal guardian.

Responsible Party and/or Legal Guardian

Witness

E-mail: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize Pincher Creek Foundation to gather relevant information necessary to assess my eligibility for residency at Crestview Lodge. I understand that my application for admission into Crestview Lodge will be kept on file for a period of one (1) year only. If residency has not occurred by that time, I understand that it will be my responsibility to re-submit an application.

Date: _____ Applicant's Signature _____

Date: _____ Witness: _____

Any other special circumstances that would assist us in processing your application:

**For information about programs, benefits and services for seniors, call the
Alberta Seniors Information line at 1-800-642-3853**