



SENIORS RENTAL ACCOMMODATION

Information for Applicant

Thank you for your interest in rental accommodations for Seniors in the Regional Municipality of Wood Buffalo. To be eligible for seniors housing you must:

- Be a minimum of 65 years of age. If a couple is applying for housing at least one of the applicants must be 65 years of age;
- Must be a resident of the Regional Municipality of Wood Buffalo for a minimum of three (3) months.

Rotary House, Legion Manor and Araubasca House provide safe, pleasant, affordable housing in an environment promoting independence.

To assist you in completing the application process, the following information and forms are attached:

- Aging with Dignity – Seniors rental Accommodation Application Form
- Aging with Dignity – Medical Assessment Form (only complete if applying for Rotary House)
- Rotary House General Information Sheet
- Rotary House Fee Guide

All completed applications for seniors' accommodations must be submitted to Rotary House Seniors Lodge, 10116 Fraser Avenue, Fort McMurray, AB T9H 5E9. The forms may also be faxed to 780-791-1173.

Seniors Accommodation (Legion Manor, Araubasca House)

Individuals applying for accommodations in our seniors' accommodations will be contacted by a representative of Wood Buffalo Housing for a personal interview once the completed application form has been received, reference checks completed, and we have a vacancy.

Lodge Accommodation (Rotary House)

For individuals applying for accommodations at Rotary House, in order to assist us in processing and adjudicating your application as quickly as possible, it is important for you to follow the steps below:

- Complete the application and medical assessment forms in their entirety and return them to Rotary House, 10116 Fraser Avenue, Fort McMurray, AB T9H 5E9. The forms may also be faxed to 780-791-1173.
- A representative from Wood Buffalo Housing will contact you and/or your family for a personal interview once the completed application form and medical assessment have been received and we have a vacancy.

As this process will take some time to complete, your cooperation is appreciated in following all steps completely and timely for us to assist you in a smooth transition to Rotary House.

If you require additional information or clarification, please contact Rotary House administration at 780-791-1164.

AGING WITH DIGNITY

Seniors Rental Accommodation Application

Requirements:

- Must be a minimum of 65 years of age or, if a couple, at least one applicant must be 65;
- Must have resided in the Regional Municipality of Wood Buffalo for a minimum of three (3) months;
- Must provide the following information:
 - a copy of the annual Notice of Assessment from the previous year's taxes.
 - return completed application to:

**Rotary House Seniors Lodge
10116 Fraser Avenue
Fort McMurray, AB T9H 5E9**

Note: This application is valid for a period of one (1) year from date of receipt.

This application will NOT be processed unless ALL questions are fully answered and provided with COPIES of:

- ***ALBERTA HEALTH CARE CARD(S)***
- ***MOST RECENT NOTICE OF ASSESSMENT; AND***
- ***PHOTO ID***

If a translator was required to complete this application, please provided the following:

NAME: _____

PHONE NUMBER: _____

AGING WITH DIGNITY

Application for Accommodation

APPLYING FOR: Seniors Accommodation (Legion Manor, Araubasca House)
 Rotary House

Applicant Information (please print):

File No. _____

Date: _____

Surname: _____

First Name: _____

Current Address: _____

Permanent Address: _____

Phone (Home): _____

Phone (Alternate): _____

Relationship: _____

Email Address: _____

Spouse/Common Law Partner Information: (if applicable)

Please check appropriate box: Spouse
 Friend
 Family Member (specify) _____
 Other (specify) _____

Surname: _____

First Name: _____

Current Address: _____

Permanent Address: _____

Phone (Home): _____

Date of Birth: _____

AGING WITH DIGNITY

Application for Accommodation

If you are unavailable at the above noted telephone number, please provide an alternate contact person:

Name

Telephone Number

Type of accommodation applying for:

Please check appropriate box:

Single Occupancy

Double Occupancy

Wheelchair Accessible

Who referred you to Housing for Seniors:

Please check appropriate box:

Family

Doctor

Home Care

Advertisement

Other

Hospital/Care Centre

Family Community Support Service

Next of Kin:

Surname: _____

First Name: _____

Current Address: _____

Phone (Home): _____

Phone (Alternate): _____

Relationship: _____

Email Address: _____

AGING WITH DIGNITY

Application for Accommodation

Alternate Contact:

Surname: _____

First Name: _____

Current Address: _____

Phone (Home): _____

Phone (Alternate): _____

Relationship: _____

Email Address: _____

Family Doctor:

Name: _____

Current Address: _____

Phone: _____

Last Will and Testament:

Do you have a will in place? Yes No

A copy of your Last Will and Testament will be requested prior to moving in.

Personal Directive:



AGING WITH DIGNITY

Application for Accommodation

Trusteeship/Guardianship:

Not Applicable

Do you have a Guardian?

Yes No

If yes, please specify:

Name

Phone Number

Do you have a Trustee?

Yes No

If yes, please specify:

Name

Phone Number

Someone with Power of Attorney?

Yes No

If yes, please specify:

Name

Phone Number

Residency:

How long have you lived in Alberta? _____

How long have you lived continuously in the Regional Municipality of Wood Buffalo? _____

Citizenship:

Are you a Canadian Citizen?

Yes No

If NO, please check status and provide your Immigration papers.

Landed Immigrant

Yes No

Independent Status

Yes No

Private Sponsorship

Yes No

AGING WITH DIGNITY

Application for Accommodation

Languages:

	Spoken	Preferred	Understood	Partially Understood
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipewyan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If an interpreter required? Yes No

If yes, please provide name of interpreter: _____
Name Phone Number

Present Accommodation:

House Apartment Other _____
 Rooming House Motel/Hotel

How long have you lived at your present address? _____ Months _____ Years

Is your accommodation shared? Yes No

If yes, number of: _____ Adults _____ Children
_____ Bedrooms _____ Bathrooms

What are your present monthly payments:

Rent \$ _____ Mortgage \$ _____ Other \$ _____
Heat \$ _____ Power \$ _____ Water \$ _____

AGING WITH DIGNITY

Application for Accommodation

Most recent Landlord: _____

Address: _____

Phone Number: _____

If less than two (2) years previous Landlord:

Name: _____

Address: _____

Phone Number: _____

IF YOU HAVE BEEN GIVEN A NOTICE TO VACATE, PLEASE SUBMIT A COPY OF THE NOTICE AND REASON FOR SAME.

AGING WITH DIGNITY

Application for Accommodation

PLEASE CHECK IF YOU ARE RECEIVING ANY OF THE FOLLOWING SERVICES:

- TOK Bus Life Line Meals on Wheels Home Care

Day Program (specify): _____

Department of Veteran Affairs Assistant: _____

Mental Health Services (provide contact name): _____

Home Care (provide contact name): _____

Private Care (provide contact name): _____

Social Assistance/A.I.S.H Worker (provide contact name): _____

Other (specify): _____

If your application is approved, when are you prepared to move? _____

Other Comments:



AGING WITH DIGNITY

Application for Accommodation

Financial Information (Monthly Income)

DESCRIPTION	APPLICANT	2 ND APPLICANT
Old Age Security and Guaranteed Income Supplement		
Alberta Seniors Benefit		
Spouse Allowance		
Canada Pension Plan		
Company Pension		
War Veterans Allowance		
War Disability Pension		
Alberta Social Assistance		
Assured Income for Severely Handicapped (A.I.S.H.)		
Alimony		
Other Income (specify)		
SUBTOTAL		
INVESTMENT INCOME	MONTHLY \$	MONTHLY \$
Interest on Chequing/Savings Accounts		
R.R.S.P/R.R.I.F.		
Term Deposits/GIC's		
Stocks		
Bonds (Canada Savings Bonds/Alberta Bonds)		
Annuities		
Rental Property		
Other		
Other		
SUBTOTAL		
MONTHLY TOTAL		

Please provide a copy of your annual Notice of Assessment from previous year's taxes.

Are you currently employed? Yes No

If yes, please provide name and address of employer:

Name: _____

Address: _____

I hereby understand and agree that 24-hour medical care is not to be provided in the Lodge and that should I require 24-hour medical care, I am willing to move to the appropriate accommodations. I also hereby authorize Wood Buffalo Housing /Rotary House to do any required reference checks while assessing my application for admission.

Signature of Applicant



AGING WITH DIGNITY
Application for Accommodation

PERMISSION TO OBTAIN RENTAL REFERENCE

I/We _____ hereby give Wood Buffalo Housing, Seniors Housing Division permission to make any inquiries to the references and/or obtain verifications to any of the information submitted on my/our application.

I/We further understand that this application does not constitute an agreement on the part of Wood Buffalo Seniors Housing Division, or its agents, to provide me with rental accommodation.

I/We further acknowledge the right of Wood Buffalo Seniors Housing Division, or its agents, at any time prior to the execution and delivery to me or of lease hereby applied for, to withdraw, revoke or cancel without penalty or given notice.

I/We further agree that I/we am/are obligated to advise Wood Buffalo Seniors Housing Division, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

I/We also agree that the information provided by me/us pertains to ALL persons named within this application.

Dated this _____ day of _____, 20_____.

Applicant (Please Print)

Signature

Witness (Please Print)

Signature

AGING WITH DIGNITY

Medical Assessment

(ONLY complete if applying for admission to Rotary House)

Name: _____

Current Address: _____

Phone: _____

Date of Birth: _____

Date of Examination: _____

Place of Examination: _____

Alberta Health Care Number: _____

How long has the applicant been your patient: _____

Will you be the attending physician when the applicant moves into our facilities? Yes No

Sex: _____ Height: _____ Weight: _____ Blood Pressure: _____

Drug Sensitivities/Allergies:

Penicillin Other (specify) _____

Sulpha None known

How is the patient's sight? Good Impaired Eyeglasses

How is the patient's hearing? Good Impaired Hearing Aid

How is the patient's speech? Good Impaired

Is there past or present evidence of:

Diabetes: Yes No

High Blood Pressure: Yes No

Stroke: Yes No

Drug or alcohol abuse: Yes No

Heart Disease: Yes No

Cognitive Impairment: Yes No

Infectious diseases: Yes No

Uncontrolled, Aggressive or Violent Behavior: Yes No

Activities of Daily Living

Assistance	None Needed	Supervision	Partial	Full
Washing				
Grooming/Shaving				
Bathing				
Dressing				
Feeding				
Toileting				

Incontinence

	None	Partial	Complete	Intervention	Manages Care
Bladder				<input type="checkbox"/> Catheter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bowel				<input type="checkbox"/> Colostomy	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mental Condition

	No	Sometimes	Yes	Comments
Co-operative				
Aggressive				
Wanderer				
Confused				
Dementia				
Depression				
Paranoia				

Has the patient been diagnosed with any mental health condition that may impair his/her ability to manage independently at present or in the near future? Yes No

If yes, please explain

Has the patient been diagnosed with any physical condition that may impair his/her ability to manage independently at present or in the near future? Yes No

If yes, please explain

Any chronic diseases which may cause incapacitation to the point of specialized care in the near future? Yes No

If yes, please explain

Current medications as below or as attached:

Tuberculosis screening assessment of lodge applicants

1. Risk for TB Infection (done at time of application)

- Previous TB disease and/or treatment Yes No
- Born in or prolonged travel in TB endemic country Yes No
- Aboriginal, Metis, Inuit Yes No
- Past health care professional Yes No
- Previous Positive Tuberculin Skin Test (Mantoux) Yes No

2. Risk for Progression from TB Infection to Disease

High Risk

- HIV/AIDS Yes No
- Previous organ transplant or transplant candidate Yes No
- Silicosis (due to occupational exposure to silica dust) Yes No
- End stage/chronic kidney failure/haemodialysis Yes No
- Leukemia, lymphoma, cancer of head and neck Yes No
- Recent TB infection (less than 2 years) Yes No
- Immunosuppressive therapy – radiation, chemotherapy, prolonged corticosteroid use of >15mg/day for >weeks., on TNF Inhibitors Yes No

Lower Risk

- Alcohol and/or IV drug abuse Yes No
- Diabetes - insulin dependent, unstable Yes No
- Gastrectomy Yes No
- Underweight (less than 90% of one's ideal body weight) Yes No

3. Symptom Inquiry

- Persistent cough (more than 3 wks, especially productive) Yes No
- Hemoptysis (blood in sputum) Yes No
- Fever Yes No
- Weight Loss/Loss of appetite Yes No
- Night sweats Yes No
- Fatigue Yes No

Notes: Applicants with risk factors as listed in #1 or #2 above should have their tuberculin status assessed by Public Health at their local Community Health Centre to identify those infected with TB. Those with significant reactions would be referred to the Alberta Health Services

Communicable Disease Centre for possible referral to Alberta TB Control re: consideration of preventive TB therapy.

Examining Physician

Physician's Name Printed: _____

Address: _____
(Street/Box #) (Town/City) (Province) (Postal Code)

Physician's Phone Number: _____

Physician's Signature: _____

Authorization for Release of Information

I, _____ hereby authorize and instruct Doctor _____ to release to Wood Buffalo Housing the information requested, and I hereby waive any and all claims against the person or organization releasing the report, or any of its officers, servants, agents, staff members or employees for any purpose whatsoever in connection with the communication and disclosure of the said information.

I understand that this personal information is being collected in accordance with the Freedom of Information and Protection of Privacy Act (FOIP), and I consent to said collection.

Applicant's Signature: _____ **Date:** _____

Witness' Signature: _____ **Date:** _____

THIS MEDICAL REPORT IS VALID FOR 3 MONTHS

ROTARY HOUSE

Supportive Housing for Seniors

GENERAL INFORMATION

Wood Buffalo Housing is pleased to announce an alternative community living choice for senior citizens in Fort McMurray. Lodge living promotes a high quality of life for the functionally independent senior. Rotary House will provide safe, pleasant, affordable housing in an environment promoting independence, where seniors are treated with dignity and respect.

There are many advantages to Lodge living:

- Healthy, nutritious meals and snacks served in a central dining room, and family and friends are welcome for a nominal fee with minimum of 24 hours' notice;
- Amenities such as weekly housekeeping and linen changes, personal laundry facilities or fee-for-service for those who wish to have their laundry done for them;
- Social and recreational opportunities coordinated by an in-house activity coordinator, and volunteer programs to assist with participation in community activities;
- Furnished rooms available, if required;
- Additional personal items may be brought in by the resident with management approval and as space permits;
- Common area to facilitate social gatherings including meeting with family and friends;
- Hair dressing station to allow for personal hairdresser to come as needed.

To assist us in meeting our residents' needs, an extensive eligibility process has been devised. Applicants must be a resident in the Regional Municipality of Wood Buffalo for 3 months prior to the application date. Lodge applicants **must** be independent, able-bodied and cognitively aware. Community-based services can be accessed to assist with such things as personal care or medication assistance. Rotary House does not provide these services directly as we are not a nursing care facility.

A priority rating system takes into consideration the prospective resident's need for subsidized housing, independence in daily activities and day-to-day living and how much benefit would be derived from living in a supportive housing environment.

We hope this information has been helpful and informative in assisting you with your decision to pursue Lodge living. If you require additional information, please feel free to contact Rotary House Administration at 780-791-1164 or 780-715-2358.

ROTARY HOUSE

Supportive Housing for Seniors

FEE STRUCTURE

- All residents in single units, regardless of income, will pay a \$515.00 non-shelter fee, which includes all meals and snacks, basic furnishings, weekly cleaning of unit and laundry of towels and linen, and 24-hour staffing.
 - Housing fee is based on income, using a formula of 30% of income. Notice of Assessment will be required for verification of income.
 - The total fee for single occupancy will cap at an amount of \$ 1,455.00 per month.
 - The total fee for double occupancy will cap at an amount of \$ 2,050.00 per month.
 - If one person is left alone occupying a double room, the single rate is charged pending a mandatory move to the first available single unit.
 - Parking will cost \$10 per month for the months of November, December, January, February and March.
 - Laundry services for residents' personal laundry will be available at a cost of \$40.00 per month. Please notify Administration of desire to use this service.
 - A washer and dryer will be available for residents' personal use at no charge; cleaning products will not be provided.
 - Residents who wish to acquire cable or phone service should make arrangements to contract through the applicable service provider.
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ROTARY HOUSE

Supportive Housing for Seniors

MONTHLY SERVICE FEE FOR RESIDENTIAL FACILITIES

The following items are included in the monthly service fee:

- heat – water – gas;
- furniture (twin bed, night table, dresser, chair) if needed;
- pre-wired outlet for telephone and cable;
- in-room kitchenette with small refrigerator and microwave;
- emergency response call system;
- window coverings;
- air conditioning in rooms and common areas;
- weekly housekeeping (includes vacuuming, cleaning of bathroom, kitchenette, floors and changing bed linens);
- yearly spring cleaning (washing walls, windows, etc.);
- individual mail box with key;
- smoke detectors and fire sprinklers in rooms and common areas;
- fire alarm monitoring;
- 24-hour security monitoring service;
- emergency lighting;
- laundry room with complimentary machines;
- common dining room & refreshment area;
- three (3) well-balanced meals and snacks daily; and
- landscaping and snow removal.

The following are also available to residents:

- fitness class and treadmill;
 - private dining area;
 - therapeutic tub area;
 - hair salon; and
 - patio and walkway to pond.
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Support Services:

- professional on-site management;
- a fee-for-service hair salon;
- access to scheduled recreation and leisure services programs (social, arts, entertainment, and fitness);
- reasonable repairs and maintenance; and
- personal Laundry Service @ \$40.00 a month per person.

Meal Services:

- three (3) well balanced meals and snacks under the Canada Food Guide; and
- coffee, tea, juice, milk, fruits and snacks are available at all times.

The following items are not included in the monthly service fee:

- telephone;
 - cable;
 - internet;
 - personal laundry;
 - additional activities and outings where participation fees may apply;
 - guest services including meals and accommodation; and
 - access to scheduled transportation for local shopping and appointments for a minimal fee (public transit and TOK Bus).
-