



Rimoka Housing Foundation

"A Foundation For The Future"

APPLICATION FOR ACCOMMODATION

Golden Leisure Lodge

5608 57 Ave Ponoka AB T4J 1P2
403.783.3940

Rimbey Valley View Manor

PO Box 740 Rimbey AB T0C 2J0
403.843.2376

Our mission is to provide comfortable, affordable, and secure lodging accommodation, in a rich social environment, to independent senior citizens.

Information provided with this application is collected under the authority of the Alberta Housing Act and is protected by the provisions of the *Freedom Of Information and Protection of Privacy Act*.

Applicants must have the mental and physical capabilities to perform daily living skills independently, with controlled behavior, continence of bowels and bladder and must be mobile.

FULL NAME	First Name	Last Name
	Street/Box	
ADDRESS	Town/City	Postal Code
	Home	Cell
PHONE #	Year/Month/Day	
DATE OF BIRTH	PERSONAL HEALTH CARE NUMBER	

MARITAL STATUS (Please check the appropriate box)				
<input type="checkbox"/> Married	<input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single

Have you ever been convicted or charged with a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Please attach a copy of your most recent Income Tax Return and/or Notice of Assessment from Revenue Canada for your application to be processed.*

In order to be considered the applicant must review and sign acknowledgment of the following:

- a) The General Information For Lodge Applicant,
- b) The Rules And Regulations For Lodge Accommodation,
- c) The Next Of Kin/Primary Contact Persons Form,
- d) The Release Of Audiovisual Representation Form,
- e) The Care Evaluation Form, and
- f) The Authorization For Release Of Medical Information Form.

A personal interview with the Lodge Manager will be part of the assessment/placement process. Priority for admission to the Lodge will be determined on the basis of the information provided with this application. The applicant will be advised of their priority compared to other applicants and vacancies will be filled on the basis of the highest priority rating.

Requested date of occupancy: _____

Any other information or comments that would assist us in processing your application:

_____ Date

_____ Signature of Applicant

GENERAL INFORMATION FOR LODGE APPLICANTS

The Foundation makes furniture available to residents on an “as needed” basis; window coverings and furniture are supplied by the Foundation but residents are encouraged to bring some of their own furniture into the Lodge and create a homelike environment including pictures, etc. Linens and towels are provided with weekly housekeeping services. Lodges include a central dining area where complete meal services are provided. In addition, the lodge has a large central lounge and several smaller, more intimate lounges, laundry facilities and a hairdressing salon. Activity co-ordinator’s arrange a variety of activities and entertainment for residents.

Lodges do not provide transportation or accompany residents to personal appointments outside of the lodge. Residents are requested to refrain from seeking the aid of staff after hours or tipping staff for services. Shelter, non-shelter and fees for services provided will be reviewed annually. Residents will receive 30 days’ notice prior to any change in fees occurring.

A Move-In inspection report will be completed with the resident prior to occupancy. Lodge residents or the executor of the estate is responsible for giving notice to terminate room and board and for any damages to the lodge or resident room. Whenever possible, two weeks notice to move out is required. A Move-out report will be completed by management and next of kin or contact person.

Should the physical and/or mental well-being of the resident deteriorate beyond lodge eligibility criteria, a medical assessment will be initiated. A responsible person must be in place to provide the physical and financial support to move the resident to long-term care or other placement, if deemed necessary.

The Foundation cannot tolerate physical or verbal abuse by residents, or disruptions which affect the safety of self or others. Residents who demonstrate substance abuse or who refuse to abide by Foundation rules and regulations will be served with a 30-day notice to vacate. In situations where residents harm staff, other residents, visitors or themselves, the Foundation will issue an immediate notice to vacate.

Should a resident be issued with a notice to vacate, it will be the responsibility of the resident and/or the resident's family to make alternate living arrangements. The family may be required to assume responsibility for the care of the resident. It is not the responsibility of the Foundation to find appropriate or suitable accommodation for the resident.

I acknowledge that special care/assistance is NOT provided by the Lodge and that I must be functionally independent, with the assistance available through my family and community based services, while residing in the Lodge. Should I require special care, I will follow appropriate recommendations, which may include moving to accommodations that provide health and/or special care.

I also understand and agree that in the event I should be requested to vacate, or am permanently transferred out of the lodge, a refund may be issued. After the 15th of any given month, no refund will be provided.

The personal information on this form is for the purpose of assessing my request for residency with the Rimoka Housing Foundation.

Date

Signature of Applicant

RULES AND REGULATIONS FOR LODGE ACCOMMODATION

The Management of the Rimoka Housing Foundation are pleased that you have chosen to make your home in our lodge. We wish it to be as pleasant, comfortable and enjoyable as possible. To ensure this, the following rules and regulations are in effect:

1. The Foundation reserves the right to enter any room at any time in the case of an emergency.
2. Smoking for **residents** is only allowed in designated areas.
 - a) Indoor **resident** smoking lounge –GOLDEN LEISURE LODGE IN PONOKA ONLY
 - b) Outdoors at least 5 m away from any entry
3. Rents are due and payable on the first business day of the month. Rents shall be paid by direct debit.
4. Residents must advise lodge staff if they are going out of the lodge during meal times, after 9:00 pm, overnight or for an extended period of time.
5. If experiencing flu symptoms, residents are required to stay in their rooms for a 48-hour period. Meals will be provided to residents in their own rooms during this time period.
6. Residents must not create or cause annoyance to other residents. Quietness must be maintained after 11:00 pm. There will be no disturbances between midnight and 7:00 am.
7. Residents shall not put nails into or otherwise damage the walls of the premises. Use of proper picture hooks is expected.
8. Resident's are not permitted to keep animals on the premises.
9. Resident cooperation for the provision of meal and cleaning services is essential.
10. Residents may use the laundry room for personal laundry; however, resident's use of liquid bleach is prohibited.
11. Residents are encouraged to make use of the common areas for companionship and entertainment.
12. Personal furniture items are allowed in lodge rooms and could include an easy chair, rocker, television, radio, bed or small fridge.
13. Residents are responsible for taking out insurance policies on their own personal belongings and furniture. The Foundation's insurance does not cover residents' contents.
14. Residents may have to pay for the replacement of any room keys they lose.
15. The use of alcohol or other such substances to a degree that would cause disruption to other residents or staff is not tolerated.
16. All residents are responsible to take reasonable care of their room. Any damages caused to a resident's room or the fixtures in their room (eg: carpet, furniture, doors, etc) shall be the responsibility of the Resident or their estate. The Rimoka Housing Foundation will charge for any repairs or replacement.

I have read and understand the above rules and regulations and acknowledge receipt of them. I understand that non-compliance may result in a notice to vacate.

Date

Signature of Applicant

CONTACT INFORMATION – PART ONE

Next of Kin/Emergency Contacts

PRIMARY CONTACT PERSON

Name:		Relationship to Applicant:	
Address:	Street/City or Town/Postal Code		
Home Phone #		Work Phone #	Cell Phone #
Email			

I, _____, being the next of kin or contact person for the applicant, _____ do agree that should the applicant require any special care, I will make arrangements to facilitate those special needs. This could include providing and arranging additional care within the Lodge facility or moving the applicant from the Lodge. All decisions of this nature will be made at the discretion of, and agreement by, the Rimoka Housing Foundation and in compliance with the eligibility requirements for lodge residents. I also agree to pay the cost of any additional care or damages to the unit, if required. In the event of an emergency, lodge personnel may contact an outside agency to provide services. Any charges relating to these services will be my responsibility.

Also, in the event the applicant passes away, I understand that the Rimoka Housing Foundation will replace the existing locks to the unit, and only allow the executor of the estate access to the unit during normal working hours. I understand that as the next of kin, or primary contact person, it is my responsibility to notify all persons this may affect.

Date

Signature of Primary Next of Kin

ALTERNATE CONTACT PERSON

Name:		Relationship to Applicant:	
Address:	Street/City or Town/Postal Code		
Home Phone #		Work Phone #	Cell Phone #
Email			

ALTERNATE CONTACT PERSON

Name:		Relationship to Applicant:	
Address:	Street/City or Town/Postal Code		
Home Phone #		Work Phone #	Cell Phone #
Email			

CONTACT INFORMATION – PART TWO

Trusteeship/Guardianship

1.	Do you have a Guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		Name	Phone Number
2.	Do you have a Trustee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		Name	Phone Number
3.	Someone with Power of Attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		Name	Phone Number
4.	An Executor for your Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		Name	Phone Number
5.	A Personal Directive in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		Name	Phone Number

Date

Signature of Applicant

The Resident shall be responsible for notifying the Rimoka Housing Foundation in writing of any changes to the contacts listed above. The notification must include the Resident's signed authorization to be applicable. Otherwise, the Rimoka Housing Foundation will only allow access to the suite to the names that have been provided at the time of this application.

This information is collected in accordance with Section 33 of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) and is used by Rimoka Housing Foundation solely to operate its business. Personal Information is protected under FOIP.

We want you to have as much control over your future as is possible and your Personal Directive, Power of Attorney and your Will help you to do exactly that. These documents help your family and the Foundation to understand your wishes. You are not required to have any of these documents however having them will allow you to make your choices known to your family and to the Foundation.

Your Personal Directive allows you to identify who you want to make your personal decisions (called an Agent) in the event that you are not capable of doing that. Those decisions are often about health, medical or housing matters. The effect of a Personal Directive is that you are able to determine, in advance, who will make those decisions, in circumstances where you cannot. Alberta Law does not allow another person to automatically make decisions for you, and that includes your spouse. By creating a Personal Directive you can decide who makes decisions about your personal affairs. We encourage you to talk with your family about your Personal Directive. Creating one is easy and well worth the effort. Guardians have the same court ordered authority.

Your Power of Attorney or Enduring Power of Attorney allows you to identify who you want to make your financial decisions (called an Attorney). Depending on your wishes, it can become effective immediately OR when/if you become mentally disabled. It can be made to expire when you wish and can be limited to that period of time when you are disabled, if that is your wish. The person(s) to whom you provide power are limited to making financial decisions while you are alive. In the event of your death, this power terminates and your Will is then used to understand your wishes. Trustees have the same court ordered authority.

The persons you appoint in your Personal Directive and Enduring Power of Attorney are required to follow the directions you provide. Should you not have them, the Court ordered options are to have a Guardian or a Trustee. These appointees may not understand your personal wishes; however they will act for you in the event that there is no other option.

Your Lodge Manager can provide information about these subjects. Please ask.

RESIDENT PERSONAL INFORMATION CONSENT

PLEASE READ CAREFULLY, SIGN AND COMPLETE THE CONSENT FORM.

The Freedom of Information and Protection of Privacy Act (FOIP) requires that informed consent be obtained for the collection and use of personal information that is not authorized under the Alberta Housing Act.

The Rimoka Housing Foundation conducts many activities that require us to have an informed, positive consent from our residents to release or use their personal information. It is the intent that the Act should be applied in a common sense manner and should not negatively affect a person's life.

The purpose of this consent form is to inform you about the collection and the uses of your personal information by the management of the Rimoka Housing Foundation.

I, _____ consent to the Rimoka Housing Foundation using my personal
(please print resident's name)

information in the following ways:

1. The use and display of your name on your room door
2. The use and display of your photo on the wall within Foundation buildings
3. The listing of your name and room number on the wall within the Foundation buildings
4. The listing of your name on the enter phone security system (if applicable)
5. The listing of your name on signup sheets for service providers, bus trips, meal attendance and absence, when the sheets are left in public areas
6. The taking of individual or group photos and the use of your photo for display purposes within Foundation buildings
7. The use of your name, photo and/or comments in activity calendars and internal newsletters
8. The use of your name on your artwork or other material displayed within Foundation buildings
9. The use of your name in listings and/or announcements of awards, activities, birthday celebrations or for the purpose of sending get-well or birthday cards
10. The use of your photo or video image used in Foundation promotional materials, such as but not limited to brochures, posters, videos and print advertising
11. The use of your photo to be used on the Foundation website for promotional purposes.

Resident's Signature

Date

The Rimoka Housing Foundation is legislated by the Alberta Housing Act. Your personal information will be used as indicated above and will be managed in compliance with the FOIP Act. If you have any questions about the collection and use of this information, please contact your Lodge Manager.

CARE EVALUATION

Please complete form and send with your application.

Name _____

Check the appropriate box in each category.

DRESSING

<input type="checkbox"/>	dresses self-unaided	<input type="checkbox"/>	needs reminder to dress
<input type="checkbox"/>	requires partial assistance to dress	<input type="checkbox"/>	requires total assistance in dressing

BATHING – TUB/SHOWER

<input type="checkbox"/>	needs no assistance	<input type="checkbox"/>	needs assistance into and out of tub only
<input type="checkbox"/>	needs partial assistance with bathing	<input type="checkbox"/>	requires total assistance in bathing

GROOMING

<input type="checkbox"/>	needs no assistance	<input type="checkbox"/>	needs reminding for personal grooming (teeth, denture care, bathing, etc.)
<input type="checkbox"/>	needs partial assistance with personal grooming	<input type="checkbox"/>	requires total assistance with personal grooming

WALKING AIDS

<input type="checkbox"/>	cane	<input type="checkbox"/>	walker
<input type="checkbox"/>	wheelchair	<input type="checkbox"/>	other, please specify:

MEDICATION ASSISTANCE

<input type="checkbox"/>	able to take own medication	<input type="checkbox"/>	needs reminder to take medication, but not requiring daily intervention
<input type="checkbox"/>	needs daily reminders to take medication	<input type="checkbox"/>	needs total assistance with medication

PERSONAL HYGIENE

<input type="checkbox"/>	needs no assistance	<input type="checkbox"/>	partially incontinent
<input type="checkbox"/>	partial loss of bladder control requiring assistance with products	<input type="checkbox"/>	frequently incontinent requiring assistance in cleaning of self

EMOTIONAL

<input type="checkbox"/>	alert, oriented	<input type="checkbox"/>	periods of confusion/forgetfulness
<input type="checkbox"/>	frequently confused	<input type="checkbox"/>	wandering
<input type="checkbox"/>	periods of anger	<input type="checkbox"/>	periods of aggressive behavior

EATING/DIET

<input type="checkbox"/>	needs no assistance	<input type="checkbox"/>	requires partial assistance (cutting food, etc.)
<input type="checkbox"/>	requires total assistance	<input type="checkbox"/>	requires special diet, if yes please describe: _____ _____

VISION/HEARING

Place a check mark beside any that apply

<input type="checkbox"/>	blind						
<input type="checkbox"/>	glasses						
<input type="checkbox"/>	partial vision	right eye		left eye		both	
<input type="checkbox"/>	hearing loss	right ear		left ear		both	
<input type="checkbox"/>	hearing aid	right ear		left ear		both	

ALLERGIES

Please list below allergies to drugs, food, etc.

Do you have any food preferences? Yes No

If yes, please list _____

Do you have any religious practices or cultural customs that you would like to make us aware of?

Are you currently receiving Home Care Service?

Yes No

If yes, list below the Home Care Services you are receiving:

Signature _____ Date _____

(If not applicant completing form, please indicate relationship)

Relationship _____

PROFILE OF A LODGE RESIDENT

A lodge resident should meet the following criteria:

- ✓ should have a desire and potential to remain independent with activities of daily living
- ✓ should be independent with medications (Home Care may provide assistance)
- ✓ must be cognitively aware
- ✓ if hearing/vision impairment, it must be manageable
- ✓ have a positive and confident outlook on life
- ✓ manageable depression/stress/grief
- ✓ appropriate social behavior for group living
- ✓ capable of making good decisions or has good support for decision making
- ✓ aware that lodge life is not the first step in the continuum of care
- ✓ must be continent or be able to manage incontinence
- ✓ if requiring oxygen, must handle it independently
- ✓ must be able to access meal services independently

Lodges may accept people who:

- ✓ can manage their activities of daily living with Home Care Assistance (i.e. bath assistance, medication assistance, am/pm care)
- ✓ are cognitively impaired but can function within a stable environment

Client privacy/dignity will be respected at all times.



“A Foundation for the Future”

CONFIDENTIAL MEDICAL REPORT - To be completed by applicant’s physician and returned to: Rimoka Housing Foundation:

Ponoka
Fax 403.783.6656

Rimbey
Fax 403.843.3564

NOTE TO THE EXAMINING PHYSICIAN:

Our units are rented only to Senior Citizens who are capable of administering to their own personal needs. (Please Print)

I, _____ give permission to the Physician to release said information to Rimoka Housing Foundation.

Applicant’s Signature

Examining Physician

Address

Telephone Number

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____, authorize the Rimoka Housing Foundation to exchange information concerning my health and social needs with the Health Authority, its agents and employees, health professionals, and any other agency or social service provider.

I understand that this information will be kept confidential and will be used only in my best interest for assessing my health and social needs, for planning services to meet those needs, and for determining appropriate housing for me.

I release the Rimoka Housing Foundation, its employees and agents, from all claims, which may arise as a result of the release of the information described above.

This authorization shall be valid during the time that I am a resident in the Rimoka Housing Foundation unless terminated at an earlier date by myself in writing.

Dated this _____ day of _____, 20 _____

Resident's Signature

Witnesses Signature

Guardian's Signature (if applicable)

Witnesses Name

Address



CONFIDENTIAL MEDICAL REPORT

(Please print clearly)

When completed return by fax to Rimoka Housing Foundation:

Ponoka 403.783.6656

Rimbey 403.843.3564

Name: _____ Date of Birth: _____ Sex: _____

Address: _____ Date of Exam: _____

Examining Physician: _____

How long has the applicant been your patient? _____

NOTE TO THE EXAMINING PHYSICIAN

Our accommodations are NOT staffed to provide physical assistance to tenants and guests.
Our Lodges provide meals without special diets and housekeeping service only.
All applicants must be capable of otherwise administering to their own personal needs.

PHYSICAL EXAMINATION

HT _____ WT _____ Hemoglobin _____ Urinalysis _____

Sight: Good Impaired

Hearing: Good Impaired

Mobility: Walks without help

 Walks with help

 Uses wheelchair

Is there a communication difficulty? _____ If yes, is this due to:

Mental Causes

Deafness

Speech Difficulty

Language Barrier

Medical Report for: _____

MEDICAL DIAGNOSIS _____

HISTORY _____

POSITIVE FINDINGS _____

MEDICATIONS _____

ALLERGIES OR DRUG IN TOLERANCES _____

Home Care Services are provided in the Lodge. If a Resident in a Lodge requires any special or nursing care after admission, they may be asked to accept Home Care Services or find alternate lodging.

Does Applicant require Home Care? Yes No

Medical Report for: _____

ACTIVITIES OF DAILY LIFE	FULL ASSISTANCE		PARTIAL ASSISTANCE		SUPERVISION ONLY		NONE NEEDED		
Washing Face and Hands	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Grooming/Shaving	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Dressing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Bathing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Feeding	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Toileting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
	Catheter		Complete		Partial		Occasional		None
Bladder Incontinence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Bowel Incontinence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Yes	At Times	No			Yes	At Times	No	
Is he/she co-operative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Destructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tendencies to Wander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Unpleasant Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do you, the examining physician, consider this applicant to be suitable mentally and physically to enter a Lodge or Unit where no special care, nursing care, or special diets are available?

yes no

Physician's signature

Address

Date

Telephone Number

Medical Report for: _____