LACOMBE FOUNDATION

Senior Citizens' and Community Housing Managers

Lacombe Senior Citizens' Lodge
4508 C & E Trail
Lacombe AB T4L 1V9
(403) 782-3811 Phone
(403) 782-4147 Fax

APPLICATION FOR LODGE ACCOMMODATION

(confidential)

I understand that this is just an application and that it is not an agreement on the part of Seniors Management Services or its agent Lacombe Foundation to provide me with rental accommodation.

I authorize Lacombe Foundation to investigate all the statements made by me in this application, being aware that discovery of any false statement may cancel any further consideration of my application.

I further agree that I am obligated to advise Lacombe Foundation, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

I understand that this personal information is being collected in accordance with the Freedom of Information and Protection of Privacy Act (FOIP) and is protected by the privacy provisions of the FOIP Act, and I consent to said collection. For questions about the collection and use of your personal information, contact the FOIP Coordinator, at Lacombe Foundation, 4508 C&E Trail, Lacombe, AB, T4L 1V9. Phone (403)782-3811.

Signature of Witness	Signature of Applicant

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APPLICATION FOR ACCOMMODATION

Full Name____

Address____

Date of Birth________________________________Phone Number___________________________

Length of Residence in Canada______________________ In Alberta___________________________

Religion(optional)____

Name, address and phone number of responsible party or a friend(s) to be notified in case of emergency:

1.____

____

2.____

____

Municipality in which residence established as a self-supporting person for 12 months out of the proceeding 24 months prior to admission to the home______________________________________

Is Applicant able to meet cost of maintenance? Yes___ No___

Alberta Health Care Card Number ____

Blue Cross____

Do you receive Alberta Seniors' Cash Benefit?
____

Please include a copy of the previous year's Income Tax Summary with your application.

An up- to- date medical certificate is required before admission.
I hereby understand and agree that special care is not to be provided in the home and that should I require special care, I will be willing to be moved to an institution providing same.

_______________________________ ______________________________
Date Signature of Applicant

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MEDICAL HISTORY AND CONDITION REPORT FOR ____________________________

(Pages 3-4 to be filled out by your physician) Name of Applicant

PLEASE PRINT

Name of Family Doctor_____________________Phone #_______________

Address ____

Past/Present Medical Illness(s)	
1.	3.
2.	4.
Past/Present Surgery	
1.	3.
2.	4.
Allergies	
Present Medication and Dosage	
1.	3.
2.	4.
Smokes	Drinks

Physical Examination

Blood Pressure____________Cys.______________
Musculo-Skeletal______________________

Resp.__________________________Hgb.________________________

Urine___________________________

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Present Capability to Function Independently

Can Walk Two Blocks with Ease____________________________________

Bowels	Vision
Bladder	Hearing
Walking Aids	Degree of Senility

Attached (page 5) you will find the Criteria for Accommodation. Please use these criteria together with the medical report to determine the Rate of Acceptability. (The Lodge has no medical staff. Personal Care Services are available only if arrangements have been made with Home Care.)

Rate of Acceptability (Please choose one)

A. Totally___________

B. Defects Present But Controlled Medically Or Surgically- E.g. Diabetes

C. Doubtful Because Of Senile Changes, Unclean Habits

D. Unacceptable, Chronic Invalid Etc.

____MD
Signature of the Attending Physician

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CRITERIA FOR ACCOMODATION

1. APPLICANTS MUST BE ABLE TO DRESS THEMSELVES.

2. APPLICANTS MUST BE ABLE TO WASH, SHAVE, ETC. ON THEIR OWN.

3. APPLICANTS MUST BE ABLE TO WALK TO THE DINING ROOM FOR MEALS FROM THEIR OWN ROOMS.

4. APPLICANTS ARE EXPECTED TO BE ABLE TO KEEP THEIR OWN ROOMS TIDY AND MAKE THEIR OWN BEDS. (Weekly housekeeping is provided.)

5. APPLICANTS MUST NOT NEED TO BE LIFTED BY STAFF MEMBERS EXCEPT IN CASE OF EMERGENCIES.

6. APPLICANTS MUST BE CONTINENT OF BLADDER AND BOWEL OR BE WILLING TO USE INCONTINENT SUPPLIES AND BE WILLING TO PAY FOR THESE SUPPLIES UNLESS THEY ARE ELIGIBLE FOR ASSISTANCE THROUGH ALBERTA AIDS TO DAILY LIVING.

7. APPLICANTS MUST BE WILLING TO BATHE AT LEAST ONCE A WEEK OR MORE OFTEN IF NECESSARY.

8. WE DO NOT CATER TO SPECIAL DIETS, WE DO HAVE SOME DIABETIC FOODS, BUT APPLICANTS MUST LOOK AFTER THEIR OWN CALORIC INTAKE.

9. APPLICANTS MUST BE WILLING TO MOVE INTO PREMISES (CANNOT BE FORCED TO MOVE IN), UNLESS THIS DECISION IS MADE BY A COURT-APPOINTED GUARDIAN OR A TRUSTEE.

10. APPLICANTS MUST BE WILLING TO ADHERE TO THE RULES AND REGULATIONS AS SET OUT BY THE LACOMBE FOUNDATION AND THE RESPECTIVE MANAGEMENT BOARD.

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RESPONSIBLE PARTY AGREEMENT

Directions:
1. Please Print Or Type
2. Fill Out All Requested Information
3. All Information Is Confidential
4. If More Space Is Needed Please Use The Back

Applicant's Name:____

Persons Responsible For The Above Named Applicant:

Name:____

Address:____

Phone: Home_______________________Work_________________________

Relationship To The Applicant:_________________________________

I (WE) ____, CERTIFY THAT I (WE) WILL BE TOTALLY RESPONSIBLE FOR THE ABOVE NAMED APPLICANT. IF THE ABOVE NAMED APPLICANT DOES NOT ABIDE BY ALL THE RULES AND REGULATIONS AS SET OUT FROM TIME TO TIME BY THE BOARD OF MANAGERS OF THE LACOMBE FOUNDATION, I (WE) AGREE TO REMOVE THE APPLICANT FROM THE LODGE WITHIN THIRTY DAYS OF BEING NOTIFIED. I (WE) FURTHER AGREE THAT THE BOARD'S DECISIONS ARE FINAL AND BINDING ON ALL PARTIES CONCERNED. I (WE) UNDERSTAND THAT HOME CARE SERVICES ARE PROVIDED IN THE LODGE AND IF A RESIDENT REQUIRES SPECIAL OR NURSING CARE AFTER ADMITTANCE THAT THEY MAY BE ASKED TO ACCEPT HOME CARE SERVICES OR FIND ALTERNATE LODGING.

SIGNATURE OF RESPONSIBLE PARTY_________________________________

DATE:____

WITNESS______________________ ___________________________________
Print Name Signature

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TERMS AND CONDITIONS FOR ACCOMMODATION AND TERMINATION OF ACCOMMODATION

The application can be submitted to the administration when the application has been completed and includes:

1. GENERAL PERSONAL DATA SHEET, CONTAINING SUCH INFORMATION AS THE APPLICANT'S NAME, PRESENT ADDRESS, HEALTH CARE AND BLUE CROSS NUMBERS, ABILITY TO MEET RENTAL REQUIREMENTS, NEXT OF KIN NAMES,ADDRESS AND TELEPHONE NUMBERS.

2. MEDICAL FORMS, WHICH ARE TO BE COMPLETED BY THE APPLICANT'S ATTENDING PHYSICIAN.

3. RESPONSIBLE PARTY FORM, WHICH IS FILLED OUT BY FAMILY OR FRIEND OF THE APPLICANT, STATING THAT THEY ARE RESPONSIBLE FOR THAT PERSON, IN THE EVENT OF ILLNESS OR INELIGIBILITY OF RESIDENCY DUE TO UNACCEPTABILITY OF BEHAVIOR,ETC.

4. COPY OF THE PREVIOUS YEAR'S INCOME TAX SUMMARY

A PERSONAL INTERVIEW WITH THE APPLICANT MUST BE CONDUCTED BY THE LODGE MANAGER BEFORE CONSIDERATION.

TERMINATION OF ACCOMODATION

A RESIDENT'S ACCOMODATION MAYBE TERMINATED IN THE LODGE FOR THE FOLLOWING REASONS:

1. **MEDICAL REQUIREMENTS BEYOND THE CAPABILITIES OF THE LODGE:** MEDICAL TERMINATIONS OF ACCOMODATION FROM THE LODGE WILL BE PRECEDED BY AN ASSESSMENT OF THE CARE NEEDS OF THE RESIDENT, AFTER WHICH RECOMMENDATIONS WILL BE MADE FOR ALTERNATE CARE. (It is the family's responsibility to make arrangements for new accommodations.)

2. **UNACCEPTABLE BEHAVIOR BY RESIDENTS**: TERMINATIONS OF ACCOMMODATION FOR UNACCEPTABLE BEHAVIOR WILL BE PRECEDED BY A REPORT FROM THE LODGE MANAGER TO THE BOARD. CRITERIA FOR RELEASE WILL INCLUDE THE FOLLOWING:

   A) ALCOHOLISM AND DRUG ABUSE.
   B) DISRUPTION OF DAILY LIVING OF OTHER RESIDENTS.

C) WILLFUL DESTRUCTION OF LODGE/MANOR PROPERTY.
D) OTHER REASONS DEEMED APPROPRIATE BY THE BOARD.

THE RESIDENT WILL BE NOTIFIED IN ADVANCE OF ANY RECOMMENDATION OF HIS/HER TERMINATION OF ACCOMMODATION IN THE LODGE. THE RESIDENT WILL HAVE THE RIGHT TO APPEAL THE DECISION TO THE BOARD AT THE TIME THE BOARD IS CONSIDERING THE RECOMMENDATION.

A MINIMUM OF (2) WEEKS NOTICE IS NEEDED TO VACATE A ROOM.
A THIRTY-DAY (30) NOTICE WILL BE GIVEN WHEN RENT INCREASES.

I UNDERSTAND THE RULES, AND HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THEM.

______________________	______________________	______________
RESIDENT SIGNATURE	WITNESS	DATE

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