

SUPPORTIVE LIVING HOUSING APPLICATION

833-9 Street SW, High River, AB, T1V 1C3

P: 403-652-8600

F: 403-652-8608

E: cadmin@westwindscommunities.ca

To complete this document please include:

- Current Year Notice of Assessment
- Personal Alberta Health Care Card
- Medical Form (doctor may send separately)

Please check which Communities you wish to live in (check all that apply):	Community:		Preference (rate 1-3):
	<input type="checkbox"/> High Country Lodge – Black Diamond		
	<input type="checkbox"/> Sandstone Lodge - Okotoks		
	<input type="checkbox"/> Medicine Tree Manor – High River (Dec. 2017)		
<input type="checkbox"/> First Available Community			
Suite Preference (select all that apply):	<input type="checkbox"/> Studio (small)	<input type="checkbox"/> 1 bedroom (no kitchenette)	
	<input type="checkbox"/> Studio (large)	<input type="checkbox"/> 1 bedroom (kitchenette)	
	<input type="checkbox"/> Barrier free	<input type="checkbox"/> 1 bedroom with kitchen	
		<input type="checkbox"/> 2 bedroom with kitchen	
Applicant:	Last Name:	Given Name:	
Street Address:	(Municipal Address-Unit Number, Street, Avenue, Postal Code)		
Mailing Address:	(Mailing Address & postal code, if different from above)		
Home Telephone:		Cellular Telephone:	
Date of Birth: (mm/dd/yr)		Email Address:	
Do you receive Alberta Seniors Cash Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/er
Is there a co-applicant? (Please complete separate application)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes; Provide Co-Applicants Name:	
		Do you require a connected room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Years of Residency in the Municipal District of Foothills #31 Region:			
Years of Residency in Alberta:			
Are you a Canadian Citizen? If no, provide copies of immigration papers		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Current Housing:

I currently:	<input type="checkbox"/> Live Alone	<input type="checkbox"/> Live with Others		
My Home:	<input type="checkbox"/> Meets my needs	<input type="checkbox"/> Does not meet my needs and is a hardship for me		
Comments:				
Special Hobbies and Interests:			Languages Spoken:	
I currently receive Home Care Services:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes; what services:	<input type="checkbox"/> Medication assistance <input type="checkbox"/> Bathing assistance <input type="checkbox"/> Housekeeping	<input type="checkbox"/> Dressing assistance <input type="checkbox"/> Wound dressing <input type="checkbox"/> : _____

Self-Management:

Level of Mobility (check all that apply):	<input type="checkbox"/> Unaided	<input type="checkbox"/> Cane	<input type="checkbox"/> Scooter	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair
Personal Care and Hygiene (i.e. dressing, bathing):	<input type="checkbox"/> Without Assistance		<input type="checkbox"/> Require Assistance		
Comments:					
Medication	<input type="checkbox"/> able to manage on own		<input type="checkbox"/> difficulty remembering to take properly		
Comments:					
Nutrition:	<input type="checkbox"/> Feel needs are being met		<input type="checkbox"/> Feel needs are not being met		
Household Activities: (are you able to do unassisted)	<input type="checkbox"/> Shopping	<input type="checkbox"/> Laundry	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Housekeeping	
Comments:					
Social and Community	<input type="checkbox"/> Prefer to be by myself most of the time		<input type="checkbox"/> Currently participate in outside activities and events		
Comments:					



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Physician:

Last Name:		First Name:	
Address:		Telephone Number:	
Town / City:		Postal Code:	
Date of last Physical:		Length of Time as family physician:	

Additional Contact: (Person to be notified in case of emergency and that you authorize to have access your personal, financial and medical information)

Contact:	Last Name:		Given Name:	
Relationship:		Email Address:		
Street Address:	(Municipal Address-Unit Number, Street, Avenue, Postal Code)			
Mailing Address:	(Mailing Address & postal code, if different from above)			
Home Telephone:		Cellular Telephone:		
Do you authorize Westwinds Communities of contact this person when a room is offered?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Information:

Declaration:

I / We		, of the	
Of		In the Province of Alberta, to solemnly declare as follows:	
1. That I/We am/are the applicant(s) named in the said application;			
2. The I/We have resided in the Province of Alberta <input style="width: 50px;" type="text"/> years of my/our life / lives and in the District for <input style="width: 50px;" type="text"/> Years;			
3. I/We understand that this application does not constitute an agreement on the part of Westwinds Communities, or its agents, to provide me with accommodation;			
4. I/We further agree that I/We am/are obligated to advise Westwinds Communities, or its agents, in writing, or any changes in family composition, gross family income, assets, employment or change of address, should they occur; and			
5. Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give Westwinds Communities my/our consent to make inquiries that are necessary to verify the information given in this application including conducting a credit check, and I/we authorize any person, corporation or social agency to release to Westwinds Communities any information pertinent to the assessment of my/our application being fully aware that discovery of any false statements shall cancel any further consideration of my/our application.			
And I/We make this solemn Declaration conscientiously believing it to be true and knowing that it			
Signature of Applicant	Signature of Applicant	Guardian	
Declared before me at the		of	
		In the Province of Alberta	
This		Day of	
		Year, 20	
My Appointment expires on (Day/Month/Year):			
Printed Name of Commissioner for Oaths:			
Signature (A Commissioner of Oaths in the Province of Alberta):			

It is incumbent upon the applicant to notify Westwinds Communities of any changes in information provided in this application.