



Application for Lodge Accommodation

In order for an application to be considered **complete**, it must include all of the following:

- Your Notice of Assessment for the most recent year. (Government Required)
- Completed & signed Application
- Completed & signed Physicians Examination

All questions must be completed in full. Incomplete Applications will not be accepted or put onto the waiting list.

This Application must be signed by the applicant and Co-Applicant.

****IMPORTANT**

1. We are NOT emergency housing.
2. We CANNOT guarantee placement by a certain date.

We will contact you when we have a suitable unit available for you.

***** All personal information handed in with this application is kept confidential and will not be shared with any other parties.***



APPLICATION FOR ACCOMODATION

(Confidential)

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND PLEASE PRINT

Application Date: _____

1. Applicant's Name: _____

Date of Birth(mm/dd/yyyy): _____ **Social Insurance No.** _____

Alberta Personal Health No. _____ **Treaty No. (if applicable)** _____

Present Mailing Address: _____

Address _____ **City/Town:** _____

Province: _____ **Postal Code:** _____

Telephone No. _____ **Alternate Telephone No.** _____

Doctors Name: _____ **Clinic phone number:** _____

Marital Status: _____ **Language spoken/written:** _____

Are you able to self-medicate? _____

Are you able to complete personal hygiene? _____ **Do you require bathing assistance?** _____

Alcohol use? _____ **Are you a smoker?** _____

Do you have a vehicle? _____ **If yes, model:** _____ **colour:** _____ **License Plate #** _____

Are you a Canadian Citizen? _____ **Landed Immigrant?** _____ **Other:** _____

Do you have any allergies? _____ **If yes, please list all:** _____

Personal Talents/hobbies/interests: _____

Known Disabilities/Medical Conditions (walker, wheelchair, physical condition etc.): _____

Are you able to Manage all financial affairs? _____ **If no, list appointed Power of Attorney's Name:** _____

Address: _____ **City/Town:** _____

Province: _____ **Postal Code:** _____

Telephone No. _____ **Alternative Telephone No.** _____

Do you have a will? _____ **If yes, please provide Executors information below**

Name: _____ **Address** _____

City/Town _____ **Province** _____

Postal Code _____ **Telephone No.** _____

Alternative Telephone No. _____ **Current Monthly Income: \$** _____

Are you receiving Alberta Seniors Benefits? _____

After paying rent will the applicant be left with \$315 left for the month? _____

Vanderwell Heritage Place



2. Co-Applicant's Name:

Date of Birth: _____ **Social Insurance No.** _____
Alberta Personal Health No. _____ **Treaty No.** _____
Telephone No. _____ **Alternate Telephone No.** _____
Doctors Name: _____ **Clinic phone number:** _____
Marital Status: _____ **Language spoken/written:** _____
Are you able to self-medicate? _____
Are you able to complete personal hygiene? _____ **Do you require bathing assistance?** _____
Alcohol use? _____ **Are you a smoker?** _____
Do you have a vehicle? _____ **If yes, model:** _____ **colour:** _____ **License Plate #** _____
Are you a Canadian Citizen? _____ **Landed Immigrant?** _____ **Other:** _____
Do you have any allergies? _____ **If yes, please list all:** _____

Personal Talents/hobbies/interests: _____

Known Disabilities/Medical Conditions (walker, wheelchair, physical condition etc.): _____

Are you able to Manage all financial affairs? _____ **If no, list appointed Power of Attorney's Name:** _____
Address: _____ **City/Town:** _____
Province: _____ **Postal Code:** _____
Telephone No. _____ **Alternative Telephone No.** _____
Do you have a will? _____ **If yes, please provide Executors information below**
Name: _____ **Address** _____
City/Town _____ **Province** _____
Postal Code _____ **Telephone No.** _____
Alternative Telephone No. _____ **Current Monthly Income: \$** _____
Are you receiving Alberta Seniors Benefits? _____
After paying rent will the applicant be left with \$315 left for the month? _____

3. List the name, address, telephone number and relationship of responsible relative, friend or guardian to be notified in the case of an emergency.

Name _____ **Relationship** _____
Address _____ **City/Town:** _____
Province: _____ **Postal Code:** _____
Telephone No. _____ **Email address:** _____

Name _____ **Relationship** _____
Address _____ **City/Town:** _____
Province: _____ **Postal Code:** _____
Telephone No. _____ **Email address:** _____

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4. What are your reasons for wanting to move?

5. Other related information you may wish to provide:

I understand this is just an application and it is not an agreement on the part of Vanderwell Heritage Place or its agents to provide me with rental accommodation.

I further acknowledge the right of Vanderwell Heritage Place, or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application

I authorize Vanderwell Heritage Place, or its agents to investigate any or all the statements made by Me in this application, being fully aware that discovery of any false statement shall cancel my further consideration of my application.

**This information is collected pursuant to the provisions of the Housing Act, and its regulations, and pursuant to Section 32(c) of the FOIPP Act. For more information
Vanderwell Heritage Place Administrator, 301-6th Ave NE, Slave Lake, AB T0G 2A2 (780)849-2927**

Signature of Applicant

Signature of Co-Applicant

Witness- Administrator

Lesser Slave Lake Regional Housing Authority

Confidential Medical Report for Senior Housing Applicant

To Attending Physician: Please print to complete and return directly to:

Vanderwell Heritage Place 301 6 Ave NE Slave Lake, AB T0G 2A2 Fax: 780-849-5251

Name of Applicant: _____ Age: _____

Examining Physician: _____ Date Examined: _____

Physician Address: _____ Phone: _____

How long has the applicant been your patient: _____

Note to Examining Physician

The lodge applicant must be able to feed themselves, get the meals and toilet independently. The need for home care, and other services should be arranged prior to moving in. Home Care is provided by the Health Authority

1. Condition:

Is there any past or present evidence of:

Depression __ Yes __ No If yes, __ Mild __ Medium __ Severe

Cognitive Impairment __ Yes __ No If yes, __ Mild __ Medium __ Severe

Alzheimer's Disease __ Yes __ No If yes, __ Mild __ Medium __ Severe

Mental Illness __ Yes __ No If yes, describe _____

Tendency to wander __ Yes __ No

Uncontrolled Aggressive or Violent Behavior: __ Yes __ No

Infectious Diseases/Antibiotic Resistance Diseases: __ Yes __ No If Yes, type: _____

Alcohol or Drug Abuse: __ Yes __ No If Yes, __ Past __ Present

2. Physical Examination:

Physical Disability: Yes No Describe: _____
Require assistance transferring in and out of bed and to the bathroom: Yes No
Mobility Aids: Cane White cane Walker Wheelchair Scooter
Hearing: Normal Impaired Absent Hearing Aid
Vision: Normal Impaired Absent Glasses
Speech: Normal Impaired Absent
If yes, due to: Mental Causes Deafness Speech Impediment
 Language Barrier

Does the patient have the following? Oxygen Pacemaker
Is your patient on Home Care? Yes No
Does your patient require medical assistance? Yes No
Does your patient require dressing assistance? Yes No
Does your patient require bathing assistance? Yes No
Does your patient have any allergies or drug intolerances? Yes No
If Yes, describe: _____

Is your patient diabetic? Yes No
Does your patient use insulin? Yes No
If yes, can they self-administer the insulin? Yes No
Does your patient have a special diet? Yes Diabetic* Cut up food* No

**Please note, there is no dieticians on site, therefore special diets beyond these will have to be managed by the resident.*

Is your patient urine continent? Yes No Is your patient bowel continent? Yes No

3. TB Screening: Does your patient's history and/or symptom inquiry indicate a need for TB testing prior to communal living in a senior's lodge? Yes No

If yes, has the referral been made to Public Health? Yes No

4. Medical Diagnosis and other pertinent information: _____

Physician Signature

Date

Vanderwell Heritage Place



Green Sleeve

Vanderwell Heritage Place is closely associated with Alberta Health Services; therefore, we often receive updates on new regulations for the province of Alberta. Alberta Health Services has recently started implementing a "Green Sleeve". The Green Sleeve will contain your Goals of Care Designation medical order and Care Decisions.

Vanderwell Heritage Place will provide brochures and information about this Green Sleeve at the front desk. Once you receive this Green Sleeve it will need to be filled out by your Doctor or physician. It is asked that you keep your Green Sleeve with the Lodge Manager and near your fridge, this is where Emergency Medical Services will look for it.

Vanderwell Heritage Place would like you to consider the "Advance Care Planning" and highly recommend this option. You may obtain your Green Sleeve immediately at the front desk.

If you have any questions or concerns, please contact the Lodge Manager at 780-849-2927



Affix patient label within this box

Goals of Care Designation (GCD) Order

Date (yyyy-Mon-dd)	Time (hh:mm)
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Goals of Care Designation Order

To order a Goals of Care Designation for this patient, check the appropriate Goals of Care Designation below and write your initials on the line below it. *(See reverse side for detailed definitions)*

Check ▶	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3	<input type="checkbox"/> M1	<input type="checkbox"/> M2	<input type="checkbox"/> C1	<input type="checkbox"/> C2
Initials ▶	_____	_____	_____	_____	_____	_____	_____

Check here if this GCD Order is an interim Order awaiting the outcome of a Dispute Resolution Process. Document further details on the ACP/GCD Tracking Record.

Specify here if there are specific clarifications to this GCD Order. Document these clarifications on the ACP/GCD Tracking Record as well.

Patient's location of care where this GCD Order was ordered *(Home; or clinic or facility name)*

Indicate which of the following apply regarding involvement of the Patient or alternate decision-maker (ADM)

- This GCD has been ordered after relevant conversation with the patient.
- This GCD has been ordered after relevant conversation with the alternate decision-maker (ADM), or others. *(Names of formally appointed or informal ADM's should be noted on the ACP/GCD Tracking Record)*
- This is an interim GCD Order prior to conversation with patient or ADM.

History/Current Status of GCD Order

Indicate one of the following

- This is the first GCD Order I am aware of for this patient.
- This GCD Order is a revision from the most recent prior GCD *(See ACP/GCD Tracking Record for details of previous GCD Order)*.
- This GCD Order is unchanged from the most recent prior GCD.

Name of Physician/Designated Most Responsible Health Practitioner who has ordered this GCD	Discipline

Signature	Date (yyyy-Mon-dd)



Lodge Rental Rates

As approved by the Board January 2022

All Lodge rents are based on size of the room.

Lodge Style Room:

These beautifully open concept rooms includes: meals, snacks, small fridge weekly housekeeping and linen change and all utilities are all provided. Telephone is optional, we have our own phone line; each room is assigned with a phone number. Basic cable package is available for an additional cost.

Building A

385 square feet \$1160.00

DAL 385 square feet \$1370.00

420 square feet \$1240.00

505 square feet \$1260.00

Building B

438 - 476 square feet \$1250.00

Lodge Enhanced rooms

These enhanced rooms offer a separate bedroom, small fridge, countertop stove, microwave. These rooms also includes: meals, snacks, weekly housekeeping, linen change and all utilities. Telephone is optional, we have our own phone lines; each room is assigned with a phone number. Basic cable is available for an additional cost.

559 square feet \$1365.00

608 square feet \$1400.00

1-bedroom self-contained Apartments

These one-bedroom apartments include a fridge, stove, microwave, washer and dryer, air conditioning and all utilities. Telephone is optional, we have our own phone lines; each apt. is assigned with a phone number. . Basic cable is available for an additional cost.

Meals are NOT included, however meals can be purchased on a daily or weekly basis.

548 square feet \$845.00 – \$1253.00

631 square feet \$1435.00

560 square feet \$845.00 - \$1253.00

638 square feet \$1435.00

566 square feet \$845.00 - \$1253.00

667 square feet \$1520.00

577 square feet \$845.00 – 1253.00

2-bedroom self-contained Apartments

These two-bedroom apartments include a fridge, stove, washer and dryer, air conditioning and all utilities. Telephone is optional, we have our own phone lines: each apt. is assigned with a phone number. Basic cable is available for an additional cost.

Meals are NOT included however meals can be purchased on a daily or weekly basis.

689 square feet \$1577.00

822 square feet \$1930.00

775 square feet \$1815.00

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Additional Charges

Basic cable: \$20.00 per month

Meals: For Apartment Residents

Breakfast and Supper: \$6.00 per meal

Lunch: \$7.00 per meal

A 10-meal punch card can be purchased at the front desk for \$60.00 or \$70.00. These cards can be left with the kitchen staff for your convenience.

Guest Meals:

Breakfast and Supper: \$6.00 per meal

Lunch: \$10.00 per meal

Advanced notice is greatly appreciated.

Laundry:

Personal Laundry can be provided for **Lodge rooms only**.

Laundry (per person): \$35.00 per month

NSF Charge:

A \$25.00 fee will be charged to the resident if a cheque or PAD Agreement has been returned by the bank for insufficient funds.

Replacement Keys: \$25.00

Telephone service: \$42.00 per month

- This includes 150 minutes per month for long distance. Any long-distance charges beyond the 150 minutes, there will additional charges billed directly to the resident.

Storage unit: \$5.00 per month

(residents must provide their own lock for the unit)

Parking: \$5.00 per vehicle

Emergency pendants: \$150.00

- The initial pendant is free – if it is lost, stolen or damaged the resident will be charged \$150.00