

WELCOME - APPLICATION INFORMATION

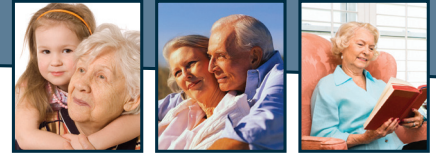
Thank you for expressing interest in Mountain View Seniors' Housing – Lodge Program. The following information will assist you in completing your application for supportive living.

Mountain View Seniors' Housing is a non-profit organization providing a comfortable, home-like environment for functionally independent seniors. Applicants are assessed on a priority rating system to determine need in terms of risk factors, independence, current housing and income level. Please note that MVSH accepts applications for both higher income and lower income individuals.

In order to apply for Lodge accommodations please complete the following:

1. Fill out the enclosed application.
2. Attach proof of income (Notice of Assessment) as instructed in the application form.
3. Please be sure you have indicated your 1st and 2nd choice for accommodation and return documents to the address shown on the bottom of this page
4. Have your doctor complete the confidential medical report and return it to the address shown on the bottom of the form.
5. Both the application form (including income information) and medical report must be received by the Admissions Department before processing can begin. Once the completed application package has been reviewed, you will be asked to attend a personal interview with the Admissions Counsellor to assess your needs in terms of risk factors, independence and current housing. When the assessment has been completed and scored, your name will be added to our Lodge Waitlist with priority given to your particular needs. If your needs are beyond what our facilities can safely manage, your application may be denied. If your application is approved, you will receive a letter stating that your name is now placed on our Lodge Waitlist.
6. When a suite becomes available, the Manager of Admissions will contact you to arrange for a tour of the building and suite. When accepting a suite, final determination of admission will be made by the Lodge Site Administrator. Applicants may decline the offer of Lodge Residency twice (2 times). If an applicant declines an offer 2 times their application will be removed from the waitlist and all documentation will be obsolete. Thereafter, you must re-apply to Mountain View Seniors Housing for Lodge Residency.

Mountain View Seniors' Housing
Attn: Admissions Department
#301, 6501 – 51st Street
Olds, AB T4H 1Y6
Phone: 403-556-2957
Fax: 587-796-0775
E-Mail: admissions@mvsh.ca



Lodge Residency - Frequently Asked Questions (FAQs)

*****Please read in detail...***

How do I make application?

- After completing and attaching the information required, please return the application package to the Admissions Department at the address listed on the application.
- Please note that the MVSH accepts applications for both higher income and lower income individuals.

What are the steps to being placed on the waitlist for Lodge Residency?

- Once the completed Application package has been reviewed you will be asked to attend a personal interview with the Admissions Counsellor to assess your needs in terms of risk factors, independence and current housing.
- When the assessment has been completed and scored, your name will be placed on our Lodge Waitlist with priority given to your particular needs that can be met by our Lodge Staff. If your needs are beyond what our facilities can safely manage your application will be declined.

How will I know my name is on the Waitlist?

- You will receive a letter stating that your name is now placed on our Lodge Waitlist.

How long will my name stay on the Waitlist?

- Your application will remain current for a period of 12 months. During that 12 months you may notify the Admissions Counsellor of any changes to your health, living conditions, or your ability to manage your daily living activities. If there are significant changes you may be requested to attend another personal interview or an assessment by Alberta Health Services Home Care may be required.

How do I keep my name on the Waitlist?

- Close to the expiration of the 12 month anniversary of your name being placed on the Waitlist, you will receive a letter and package from Mountain View Seniors' Housing asking you to update your information. Once this package is completed and returned to the Admissions Department, you will be informed by letter of your status on the Waitlist.

How will I know when there is a suite available for me at the Lodge?

- When a suite becomes available, the Manager of Admissions will contact you to arrange for a tour of the building and the suite. When accepting a suite, final determination of admission will be made by the Site Administrator of the Lodge. Applicants may decline the offer of Lodge Residency twice (2 times). If an applicant declines an offer 2 times their application will be removed from the waitlist and all documentation will be obsolete. Thereafter, they must re-apply to Mountain View Seniors' Housing for Lodge Residency.

APPLICATION FOR LODGE ACCOMMODATION

(CONFIDENTIAL) PLEASE READ CAREFULLY

_____ Aspen Ridge Lodge – Didsbury _____ Sundre Seniors' Supportive Living – Sundre
_____ Chinook Winds Lodge – Carstairs _____ Mount View Lodge – Olds

Indicate choice by entering 1st, 2nd, and 3rd choices

1. **Applicants Name:** _____
(Last name) (First name)

Date of Birth: _____ Marital Status: _____

Telephone No: _____ Cell No: _____

Email Address: _____

Mailing Address: _____

Residency (years): Alberta _____ Mountain View County _____

Are you a Canadian Citizen Yes No If no, please provide a copy of documents (Permanent Resident, etc.)

Alberta Health Care No: _____ Language: English French Other

Doctors Name: _____ Phone No: _____

2. **Co-Applicants Name:** _____
(Last name) (First name)

Date of Birth: _____ Marital Status: _____

Telephone No: _____ Cell No: _____

Email Address: _____

Mailing Address: _____

Residency (years): Alberta _____ Mountain View County _____

Are you a Canadian Citizen Yes No If no, please provide a copy of documents (Permanent Resident, etc.)

Alberta Health Care No: _____ Language: English French Other

Doctors Name: _____ Phone No: _____

APPLICATION FOR LODGE ACCOMMODATION

3. **Alternate Contact:** _____
(Last name) (First name) (Relationship)

Telephone No: _____ Cell No: _____

Email Address: _____

Mailing Address: _____

Alternate Contact: _____
(Last name) (First name) (Relationship)

Telephone No: _____ Cell No: _____

Email Address: _____

Mailing Address: _____

4. **Reason For Lodge Application** (Please check all that apply)

- Difficult to maintain/repair current accommodation
- Current accommodation cannot easily be renovated for personal circumstances
- Current housing not adequate – overcrowding, dysfunctional, loss of accommodation
- Moving for family support
- No affordable housing in current community
- Cannot easily access transportation and/or community services
- Not able to prepare meals and/or not eating properly
- Does not have assistance from family and/or community services
- Not able to participate in activities that meet your recreation preferences
- In current environment, you are at risk for abuse and/or emergency situations
- Requires lodge environment to assist with mental or physical concerns
- Eviction: (Reason) _____
- Other: _____

5. **Is your present accommodation a:**

- House Apartment - Elevator Yes No Rooming House
- Motel/Hotel Mobile Home Live with family Other _____

Do you own or rent your present accommodation: Own Rent
Rent \$ _____ per month Utilities Included Yes No

If renting, name of your present Landlord: _____ Tel No: _____

APPLICATION FOR LODGE ACCOMMODATION

6. Please list activities you would participate in at the Lodge:

7. What concerns do you have about remaining in your current location?

Have you applied for lodge accommodation within the last two years? Yes No

When is Lodge accommodation required? _____

8. Income

Please attach a copy of your most recent Notice of Assessment from Canada Revenue and Taxation

APPLICANT Annual income from line 150 of most recent income tax return \$ _____

CO-APPLICANT Annual income from line 150 of most recent income tax return \$ _____

9. Confidentiality Agreement

This confidential information is being collected in accordance with the Alberta Housing Act, in that it relates directly to and is necessary to determine eligibility of applicants of the Mountain View Seniors' Housing Lodge programs. Personal information contained herein may be disclosed if deemed necessary to assess eligibility of applicants. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

The information I have provided is true and accurate.

Signature of APPLICANT

Signature of CO-APPLICANT

Date

Date

Applications will be kept on file for **12 months** unless contact has been made by the Applicant or Mountain View Seniors' Housing.

Please return application and all attachments to:

Mountain View Seniors' Housing

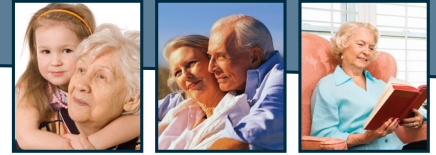
Admissions Department

#301, 6501 - 51st Street Olds, Alberta T4H 1Y6

Phone: 403-556-2957 Fax: 587-796-0775

E-Mail: admissions@mvsh.ca

LODGE APPLICATION MEDICAL EXAMINATION REPORT



LODGE APPLICATION MEDICAL EXAMINATION REPORT

PLEASE NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED BY A PHYSICIAN PRIOR TO PROCESSING

This medical information is required by Mountain View Seniors' Housing for all applicants wishing to obtain residency in the lodge program. Please ensure that a physician completes all required sections (with the exception of the "Applicant Authorization" section, which is to be completed by the applicant.)

****Any cost associated with the completion of this form is the responsibility of the applicant****

APPLICANT AUTHORIZATION

I hereby authorize any Physician, Medical Clinic, Hospital, Home Care Personnel, or other person that has any records or knowledge of my health to provide full information to the Mountain View Seniors' Housing or any authority acting on their behalf.

DATE: _____ **SIGNATURE:** _____

For Completion by Physician Only

APPLICANT NAME: _____ EXAMINATION DATE: _____

ADDRESS: _____ TELEPHONE NO: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

SEX: Male Female

Mental Condition

- Normal
- Periods of Confusion
- Forgetfulness
- Persistent Confusion, Disorientation
- Hallucinations, Delusions
- Paranoia
- MMSE____/30 Date_____

Behavior

- Normal
- Hoarding/ Rummaging
- Emotionally Unstable If Yes, _____
- Withdrawn, apathetic If Yes, _____
- Wanders
- Noisy, disturbing to others
- Aggression If Yes, Type _____

Physical Condition

- | | | | |
|---------------|-----------------------------------|--|--|
| Speech | <input type="checkbox"/> Normal | <input type="checkbox"/> Impaired | <input type="checkbox"/> Absent |
| Vision | <input type="checkbox"/> Normal | <input type="checkbox"/> Impaired | <input type="checkbox"/> Absent |
| Glasses | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Hearing | <input type="checkbox"/> Normal | <input type="checkbox"/> Impaired | <input type="checkbox"/> Absent |
| Hearing Aid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Dental Status | <input type="checkbox"/> Dentures | <input type="checkbox"/> Own teeth | <input type="checkbox"/> Regular dental visits: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Sleep Pattern | <input type="checkbox"/> Normal | <input type="checkbox"/> Problem _____ | |



LODGE APPLICATION MEDICAL EXAMINATION REPORT

Mobility

- Independent Cane Walker Wheelchair
 Recent Falls – Describe: _____

Diet

- Regular Low salt Low fat Diabetic
 Celiac Renal
 Other - Please explain: _____

Is there evidence of past or present abnormality of:

- Skin Conditions Yes No If Yes, provide details _____
Cardiovascular System Yes No If Yes, provide details _____
Respiratory System Yes No If Yes, provide details _____
Gastrointestinal System Yes No If Yes, provide details _____
Musculoskeletal System Yes No If Yes, provide details _____
Nervous System Yes No If Yes, provide details _____
Genital Urinary Conditions Yes No If Yes, provide Type _____
Mental Health Conditions Yes No If Yes, provide details _____
Infectious Disease Yes No If Yes, provide details _____
Dementia Yes No If Yes, provide Type & Stage _____
Chest X-RAY: Yes No Date: _____ Results: _____

Activities of Daily Living

- Feeds Self Yes No Bathes Self Yes No
Dresses Self Yes No Manages own medications Yes No
Does own grooming Yes No Continent of urine Yes No
Continent of bowels Yes No

Additional Pertinent History

- C. Difficile Yes No MRSA Yes No VRE Yes No

History (other) _____

Diagnosis

1. _____
2. _____

Allergies (medical)

Does the applicant require or receive Home Care Services? Yes No

If yes, what services: _____

Does this applicant have a Goals of Care? Yes No

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** (on application and as dictated)

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 (<2 years) Yes No
 - Immunosuppressive therapy – radiation, chemotherapy, prolonged corticosteroid use of >15 mg/day for >wks., 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 (< 90% of ones ideal body weight) Yes No

3. **Symptom Inquiry** (on application and as indicated)
 - Persistent cough (>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.

SIGNATURE OF PHYSICIAN: _____ DATE: _____

PRINTED NAME: _____ TEL NO: _____

ADDRESS: _____

After completion please return to applicant, OR Forward to:
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 Phone: 403-556-2957 Fax: 587-796-0775
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