



Bashaw Valley Lodge

APPLICATION FOR RESIDENCE

The information collected for this application is confidential and will only be used for the purpose of evaluating the applicant for accommodation. The Bashaw Valley Lodge may request additional information, or an updated medical report, if deemed necessary.

Lodge Criteria

Listed below are areas that need to be considered when applying for residence at Bashaw Valley Lodge. Where the Lodge Host and Administration feel that the applicant's needs may not be met with confidence and safety, this application may be denied.

It is important to note that Bashaw Valley Lodge is a private, adult living center and does not provide any healthcare staff, medical help, or daily living assistance.

An applicant must meet and maintain the following minimum standard of wellness as an entrance requirement to the Bashaw Valley Lodge:

- Is able to participate in the activities of the center and to benefit from the center's environment and lifestyle. (i.e. can: negotiate long hallways; participate in family style dining; live with independence and safety in the center's setting; understand and follow instructions for evacuation in case of fire; etc.)*
- Has stable health, and any medical conditions are manageable within a lodge setting (making use of available community support systems, etc.)*
- Is willing and able to maintain personal care and hygiene. He/she will also be able to handle his/her own toileting without help, and if there is some degree of incontinence, is will and able to manage that incontinence without help.*
- Is able to move independently or without the use of mechanical aids, and can move from lying down to sitting to standing without help.*
- Is not in need guidance and direction from others to get through the day.*
- Is not assessed by Home Care as requiring designated assisted living or long term care.*
- Has regular dietary needs.*
- Is willing to live in an adult living center and abide by the lodge rules and regulations.*
- Agrees to a trial period of 30 days. Within that period, either party has the right to withdraw from the agreement if companionable living arrangements cannot be made. A notice period of one month is required.*

Rental Rates

Please note: We are a private facility and do not qualify for housing subsidies. You may be able to acquire some funding through the Alberta Senior Benefit Program towards rent, please contact Alberta Senior's for more information.

All rooms feature big windows providing lots of natural light facing out into our yard or into our interior courtyard, two-piece bathroom, and closet.

Single Suite: 105 sq. ft.(approx.) These rooms feature a big bright window, closet, bathroom, plus room for sitting area and a dresser or desk. This room allows one resident occupancy.

Monthly Rent: \$1800.00/month

Double Suite: 209 sq. ft. (approx.) These rooms feature a big bright window, two closets, bathroom, plus room for sitting area and a dresser or desk. These rooms can accommodate one or two resident occupancies.

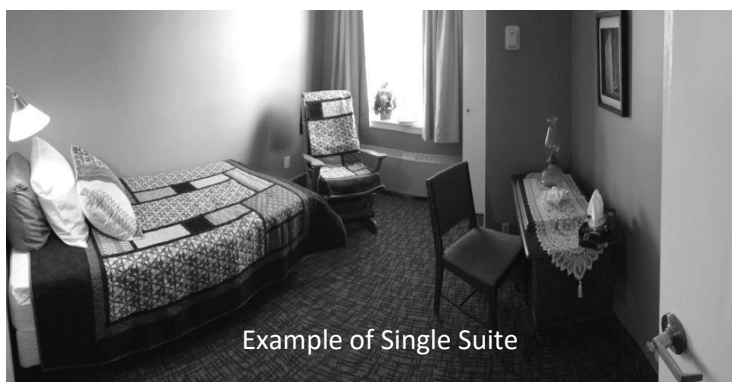
Monthly Rent:

\$2000.00/month single occupancy

\$2200.00/month double occupancy

Included in Monthly Rent:

- Three meals per day, plus snacks, prepared by our kitchen staff and served in the main dining hall.
- Weekly housekeeping of room, including linen changing. Bed sheets, pillow cases, mattress covers, towels, facecloths, and bath mat are all included with room rate.
- Access to a variety of recreation programming within the lodge and in the community.
- Use of all common areas.



Premium Service Rates

All Premium Services are optional and may be cancelled at any time, in writing. You may also choose premium services to be added to your monthly fees, in writing, at any time.

Personal Laundry: Our staff will wash your personal clothing, bedding, and other laundry once a week for a fee of \$75.00 per month. You will be given a weekly laundry day on which staff will pick up your hamper, wash and dry your laundry, fold it, and return it to your room.

Hairdressing: A contracted hairdresser will be available one a week for hair cutting, coloring, perms. Her rates will be posted in the hair dressing room and can be paid directly to her.

In Room Telephone: All rooms are equipped with a phone line, it is up to each resident to set up their own phone number and billing.

In Room Television: All rooms are equipped with cable television, it is up to each resident to supply their own television. Billing will be worked out at time of tenancy agreement.

BASHAW VALLEY LODGE

APPLICATION FORM

Applicant's Name: Mr. Mrs. Ms. Miss.

Date of Birth: (yy/mm/dd):

Phone Number:

In case we are not able to contact you, please list an alternate contact person (include their phone number and relationship to you).

Co-Applicant's Name: Mr. Mrs. Ms. Miss.

Date of Birth: (yy/mm/dd):

Phone Number:

In case we are not able to contact you, please list an alternate contact person (include their phone number and relationship to you).

Please answer all of the questions on the following pages. This information is required by the Alberta Housing Act and will be used to establish your circumstances and level of need.

Applicants will be placed on a waiting list in order of priority and need, based on your responses to these questions.

Your application cannot be reviewed until:

all of the questions are answered,

the medical report form has been filled out by your doctor,

BASHAW VALLEY LODGE

An application for center residency does not guarantee that you will be accepted for center accommodation. Our center is not a substitute for Continuing Care; however, people who receive support and assistance from community supports (such as Home Care) may be eligible. The process for potential admittance to our center is as follows:

1. An application form is completed, and a copy of a current “Notice of Assessment” or a copy of your tax return (with Line 150 showing) is included. The completed application is then either mailed or delivered to:

Phone: 780-372-3039

Bashaw Valley Lodge

Box 479

Bashaw, AB TOB OHO

Or

Bashaw Valley Lodge

5430 – 51A Street

Bashaw, AB

TOB OHO

2. The application(s) will then be rated and placed on the waiting list in order of the point scoring system.
3. When a room at the lodge is available, the most appropriate applicants(s) will be contacted. The lodge Manager will set up a tour and interview. An additional medical form – which is to be completed by a physician – may be required at that time (if requested by the Manager). The applicant(s) may also be required to provide written consent for the exchange of pertinent information between the Manager and the applicant’s service provider(s) (i.e. Home Care, Metal Health, etc.).
4. Once the interview(s) have been conducted, the room will be offered to the most suitable candidate.

BASHAW VALLEY LODGE – APPLICATION FORM QUESTIONNAIRE

			Applicant	Co-Applicant
<p>Please Note: <i>If applying as a couple, both columns must have an answer. If applying as a single, only the “Applicant” column needs to be completed. Thank you.</i></p>	1.	Are you able to get in/out of bed without help?	Yes or No	Yes or No
	2.	Do you handle all of your own personal care and hygiene, without any assistance?	Yes or No	Yes or No
	3.	Has a medical professional suggested or designated you to live in a Supportive Care Setting, Level 1-4? (If yes, please note level).	Yes or No	Yes or No
	4.	Does the thought of living closely with other seniors’ appeal to you?	Yes or No	Yes or No
	5.	Do you wish to move from your current home because the maintenance, gardening, and/or general upkeep are getting to be too much work for you?	Yes or No	Yes or No
	6.	Do you need help to get around outside of your home (i.e. to go shopping, to get to appointments, etc.)?	Yes or No	Yes or No
	7.	Would you like to move into a center at this time because you are lonely and feel a need for activities, recreation, and friends?	Yes or No	Yes or No
	8.	Does Home Care provide any services to you at this time? If “yes”, please explain.	Yes or No	Yes or No
		Applicant		
		Co-Applicant		

BASHAW VALLEY LODGE – APPLICATION FORM QUESTIONNAIRE

	9.	<p>Please indicated if you currently use (or are scheduled to being using) any of the following:</p> <p>Walker:</p> <p>Wheelchair:</p> <p>Motorized Scooter:</p> <p>Electric Wheelchair</p> <p>(Note: motorized scooters are prohibited)</p> <p>(Note: electric wheelchairs are prohibited)</p>	<p>Yes or No</p> <p>Yes or No</p> <p>Yes or No</p> <p>Yes or No</p>	
	10.	In an emergency, are you able to evacuate yourself from the building and follow instruction?	Yes or No	Yes or No
	11.	Do you have difficulty remembering to take medications or follow doctor orders?	Yes or No	Yes or No
	12.	Do you have any food allergies, medical requirements or other special requirements regarding meals? If “yes”, please explain.	Yes or No	Yes or No
		Applicant		
		Co-Applicant		

BASHAW VALLEY LODGE – APPLICANT’S MEDICAL INFORMATION

This medical information is required by Bashaw Valley Lodge for all applicants wishing to obtain tenancy in the lodge. Please ensure that a physician completes all required sections (with the exception of the “Authorization for Release of Information” section, which is to be completed by the applicant).

Authorization for Release of Information

I _____ (Applicant), hereby authorize and instruct _____ (Name of physician completing report), to release the personal care information requested in this application. I understand that the information collected will be used to determine eligibility at the Bashaw Valley Lodge.

Date: _____ Applicant’s Signature: _____ Witness _____ .

MEDICAL INFORMATION

The mandate of the Bashaw Valley Lodge is to provide accommodation for independent, healthy seniors whose needs are limited to the provision of meals and housekeeping. Residents must be mentally and physically capable of performing daily skills independently, and have good judgment and decision making abilities.

1.	Would the applicant require assistance with:		
	a. Managing daily personal care (including dressing)?	Yes or No	Unsure
	b. Bathing?	Yes or No	Unsure
	c. Mobility (i.e. to dining room, activities)?	Yes or No	Unsure
	d. Personal hygiene (i.e. continence, shaving)	Yes or No	Unsure
	e. Reminders and curing?	Yes or No	Unsure
	f. Taking medications?	Yes or No	Unsure
	g. Following direction (i.e. fire drills, emergencies)?	Yes or No	Unsure
	h. Social behaviors (i.e. eating, visiting)	Yes or No	Unsure
2.	Are there signs of wandering?	Yes or No	Unsure
3.	Does the applicant have any special dietary needs?	Yes or No	Unsure
	If "yes", are they capable of making wise food choices? Please explain:	Yes or No	Unsure
4.	Is the applicant showing signs of dementia?	Yes or No	Unsure
5.	Our facility is not a healthcare based lodge, it is a senior apartment complex with meal and cleaning services. Do you feel the applicant is well suited to this living arrangement?	Yes or No	Unsure

	If no, please explain:
6.	How long has the applicant been your patient?
7.	Additional Comments:

Name and Contact Information of Physician who completed this form:

Name: _____ **Phone #:** _____
(Please Print)

Signature: _____ **Date:** _____

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