

STURGEON FOUNDATION ~ SENIORS SUPPORTIVE HOUSING

Website: www.sturgeonfoundation.ca

(Date Received: _____)

CONFIDENTIAL APPLICATION FOR ACCOMMODATION

*** (Please Note: Failure to complete application in its entirety will result in delay in processing.)**

Return Completed Application to: North Ridge Place
C/O 21 Mont Clare Place
St. Albert AB T8N 5Z4
Phone 780-460-0445 Fax 780-460-0446
Email: smunroe@sturgeonfoundation.ca

Applicants must be healthy and functionally independent, able to maintain cleanliness of their suite, and prepare their own meals. The facility is non-smoking and no pets are allowed. Priority is given to applicants below the Core Need Income Threshold (CNIT) amounts.

APPLICANT

Please check appropriate box: Mr. Mrs. Miss. Ms.

Surname: _____ First Name: _____
Address: _____ Postal Code: _____ Municipality: _____
Telephone No.: _____ Birth Date: (month/day/year) _____
Personal Health No.: _____

2nd APPLICANT (if applicable): If two (2) applicants are you applying for a 1 or 2 bedroom suite:

1 Bedroom 2 Bedroom

Please check appropriate box: Mr. Mrs. Miss. Ms.

Surname: _____ First Name: _____
Address: _____ Postal Code: _____ Municipality: _____
Telephone No.: _____ Birth Date: (month/day/year) _____
Personal Health No.: _____

NEXT OF KIN / EMERGENCY CONTACT:

If we are unable to contact you, should the need arise, we will contact your next of kin.

Name: _____ Relationship: _____
Res. Phone: _____ Bus. Phone: _____
Address: _____ Postal Code: _____
Name: _____ Relationship: _____
Res. Phone: _____ Bus. Phone: _____
Address: _____ Postal Code: _____

DOCTOR: _____ Telephone Number: _____

Address: _____

CITIZENSHIP:

Are you a Canadian Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Landed Immigrant <input type="checkbox"/> YES <input type="checkbox"/> NO
How long have you lived in Canada? _____ yrs.	Independent Status <input type="checkbox"/> YES <input type="checkbox"/> NO
How long have you lived in Alberta? _____ yrs.	Private sponsorship <input type="checkbox"/> YES <input type="checkbox"/> NO
If you have answered yes above, please provide a photocopy of your immigration documents.	

CURRENT ACCOMMODATION:

Is your current accommodation a <input type="checkbox"/> House <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Apartment <input type="checkbox"/> Rooming House <input type="checkbox"/> Other _____	How long have you lived at your current address? Months: _____ Years: _____
Is your accommodation shared? <input type="checkbox"/> YES <input type="checkbox"/> NO If you share accommodation, are these relatives? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, number of: <input type="checkbox"/> Adults (#_____) <input type="checkbox"/> Bedrooms (#_____) <input type="checkbox"/> Children (#_____) <input type="checkbox"/> Bathrooms (#_____)

Landlord's Name: _____ Address: _____ _____ Phone Number: _____	Previous Landlord if current Landlord is less than one year: Landlord's Name: _____ Address: _____ _____ Phone Number: _____
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If you have been given a notice to vacate, please submit a copy of the notice and reason for same.

Are you: ~ able to prepare your meals? Yes No
 ~ do your own housekeeping? Yes No
 ~ look after your personal needs? Yes No

Do you require parking? Yes No

PLEASE CHECK ANY OF THE FOLLOWING SERVICES YOU ARE RECEIVING:

- D.A.T.S.
- Medical Alert System
- Meals on Wheels
- Day Program
- DVA Assistance
- Occupational Therapy
- Socializing
- Bathing Assistance
- Physio Therapy
- Private Care (give contact name) _____
- Mental Health Services (give contact name) _____
- Home Care (give Home Care Co-ordinator's name) _____
- Other (specify) _____

HEALTH INFORMATION:

1. If you require accommodation adapted for a special need, please explain:

2. Please check any/all of the following health concerns that apply to you:

- Incontinence
- Alcohol or other substance abuse
- Oxygen
- Mobility ~ use of cane
- Mobility ~ use of scooter
- Other: _____
- Hearing
- Sight
- Seizures
- Mobility ~ use of walker
- Mobility ~ use of wheelchair
- Allergies
- Diabetes
- Memory Loss

If you wish to provide comments on any of your health concerns please do so here.

FINANCIAL INFORMATION:

Attach a copy of your current year's Notice of Assessment (which you receive following filing of your Income Tax Return) to your Application Form. If you do not have your Notice of Assessment, please attach a copy of the current year's Income Tax Return along with all 'T' slips, such as T3's, T4's and T5's.

For Annual Government Surveys, the following information is required:

Marital Status Married Widowed Single Divorced Separated

Have you ever had accommodation with Sturgeon Foundation? Yes No

If yes, reason for leaving: _____

Inaccurate information may result in refusal of application.

Signature of Applicant

Signature of 2nd. Applicant (if applicable)

Date

FOR OFFICE USE ONLY

If application refused, state reason:

Manager's Signature

Date

This information is collected in accordance with Section 33 of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) and is used by Sturgeon Foundation to operate its business. Personal information is protected under FOIP.

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- You may remove this page and complete at your leisure and return to North Ridge Lodge.
- Your response to the following is optional and in no way prejudices your eligibility. This information is helpful in enhancing our programs and activities.

Name: _____

Skills:

Interests:

Comments:
