

# APPLICATION

## PIONEER LODGE Senior Living Accommodation with Services

The personal information in this form is being collected by LRHG under section 33© of the Freedom of information and Protection of Privacy Act) for the purpose of determining eligibility for Senior Living Accommodation with Services.

Do not handwrite, please print. Mail or email this completed form to our Housing Program Coordinator. Email: [apply@pioneerlh.net](mailto:apply@pioneerlh.net)

NAME: First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Province \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Main Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ (D/M/Y) minimum age 65.

Health Care # \_\_\_\_\_ Province \_\_\_\_\_

Out of province residents will receive a letter for proof of residency to obtain AB Identification and must obtain an AB Health Care Number within 3 months of moving in. New residents are eligible to begin receiving benefits the month following 3 months of permanent residency in Alberta.

Are you a HomeCare Client where you currently live?

- Yes, How often do you receive care services?  
Daily Weekly Monthly Yearly (circle one)
- I am interested, or, I need Home Care services
- No, I am not interested in Home Care services

Check any of the following needed:

- Double Occupancy
- Single Occupancy
- Parking Stall
- Internet Service
- Assisted bath

**On a scale of 1 to 5, please indicate your degree of concern in the boxes below.** (0 to indicate if your needs are being met in your present accommodation. 5 to indicate a major concern that your needs are not being met in your present accommodation);

1.	<input type="text"/>	Preparing or access to nutritious meals
2.	<input type="text"/>	Enjoying preferred physical, emotional, social, spiritual, intellectual, or cultural activity or service
3.	<input type="text"/>	Access to services or transportation
4.	<input type="text"/>	Current environment is putting you in jeopardy (emergency situation, need for a more controlled environment, personal safety, forgetfulness, abusive situation)
5.	<input type="text"/>	Managing personal care and hygiene
6.	<input type="text"/>	Ability to function stably in a congregate living environment
7.	<input type="text"/>	Getting from one point to another without assistance
8.	<input type="text"/>	Access to available family or community support
9.	<input type="text"/>	Availability of other accommodations in your area
10.	<input type="text"/>	Maintenance of my home (housekeeping, yardwork)
11.	<input type="text"/>	Accessing my home or rooms (stairs, laundry room, etc)
12.	<input type="text"/>	Overcrowding or shared housing

**Tell us a bit about you so we can prepare.** Have you or your family ever lived in Lloydminster, or surrounding area?

- No
- Yes

If so, how many years? \_\_\_\_\_

Do you identify as any of the following?

Leave blank if not applicable or prefer not to say.

- Indigenous Person
- Person with disability
- Individual fleeing violence, including leaving a second stage shelters (will need verification)
- Person at risk of homelessness or transitioning out of homelessness supports (will need verification)
- Person dealing with mental health or addictions. (will need verification)
- Veteran
- Recent Immigrant or refugee (will need verification)
- Racialized group
- LGBTQ2+ person

What type of activities do you participate in? Do you have any hobbies or interests you can share with us? Provide any additional information you would like us to consider.

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Do you use any mobility aids?

- No
- Yes; Cane
- Yes; Walker
- Yes; Wheelchair
- Yes; other \_\_\_\_\_

Our rent offer may include an Alberta Grant reduction that can be applied directly to your rent. Is line 15000 on your most current Income Tax Notice Of Assessment statement from Canada Revenue Agency is lower than \$29,855?

- No
- Yes

What would you indicate as your highest income source?

- Old Age Security
- CPP
- RRIF
- RRSP
- Family
- Private Pension
- Veteran Pension
- Employment Income
- Other \_\_\_\_\_

Do you receive Alberta Senior Benefits?

- No
- Yes

**Tell us the status of your current residence.** Do you currently:

- Own, paying \$ \_\_\_\_\_ each month
- Rent, paying \$ \_\_\_\_\_ each month
- Other \_\_\_\_\_

If renting, can you provide Landlord contact information?

Name

Phone No.:

Did someone help you complete this application form?

- No
- Yes

If yes, please provide as a secondary contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Independent seniors must have the capacity to be their own decision maker. Pioneer Lodge does not enter into an agreement for residency with any other representative and is not responsible to provide communications or information to a resident's power of attorney, substitute decision maker, or anyone else as such. If functional independence can only be maintained with the assistance of Home Care; alternative support or moving to a Designated Continuing Care accommodation will be discussed with the resident, the family, Home Care and the Physician.

When you move in, we will ask for a primary list of personal contacts for emergency contact purposes. A designated family/friend is requested as a contact for support to resolve any occupancy issues. A personal directive with Medical Proxy information may be completed by Home Care in case of a medical emergency.

<b>Please ensure the following is provided and attached to this application:</b>
<input type="checkbox"/> Copy of government issued identification
<input type="checkbox"/> Copy of most recent Notice of Assessment
<input type="checkbox"/> Declaration
<input type="checkbox"/> PIPA Consent Form
<input type="checkbox"/> Functional Independence Form

## Declaration

I understand that this application does not constitute an agreement on the part of the Lloydminster Region Housing Group (LRHG) to provide me with accommodation at Pioneer Lodge. If I refuse an offer of accommodation, I understand this application will be shredded in it's entirety.

I understand that care services are arranged through Homecare independently from Pioneer Lodge. It will be my responsibility to contact my local Homecare for transfer of services, or initiate care as a new local Homecare client. I understand that special care, modified diets, or ongoing nursing care cannot be accommodated at this level of supported living.

I do solemnly declare as follows:

- That I am the applicant named and that the information provided pertains to me within this application.
- That the statements made by me in the said application are, to the best of my knowledge, information and belief, full and true in all respects.
- That I am a Canadian citizen, permanent resident, or an evacuee from Ukraine with Canada-Ukraine Authorization for Emergency Travel.
- That I will provide a copy of each year's Income Tax Notice of Assessment to Pioneer Lodge, as required by Housing Division of Alberta Seniors, Community and Social Services for the annual Alberta Lodge Assistance Program application.

And I make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Witness

# PIPA Consent Form

In 2003, Personal Information Protection Act (PIPA) became legislation and restricted the way we use personal information about our residents.

## **Consent for Release of Information**

I authorize Lloydminster Region Housing Group (LRHG) to verify the statements made herein, being fully aware that discovery of any false statement may cancel any further consideration of my application. I authorize individually identifying information to the below services for the purpose of coordinating support services. (Check any or none)

- Family and Community Support Services
- Lloydminster Home Care Services
- Residents in Recovery
- Homebase (Olive Tree)
- Other: \_\_\_\_\_

I understand why I have been asked to disclose individually identifying information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of this individually identifying information I understand that this request may be revoked at any time.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

## **WITHDRAWAL OF CONSENT**

I hereby withdraw my authorization for LRHG to collect, use and disclose my personal information.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

# PIONEER LODGE

## FUNCTIONAL INDEPENDENCE VERIFICATION

**HEALTHCARE PROVIDER:** This information form is required by Lloydminster Region Housing Group from applicants seeking admission into a Senior Living Accommodation with Services. The form is to verify that the applicant is functionally independent and can make his/her own decisions. For the purposes of living in Pioneer Lodge, functional Independence is defined as: Independence in all aspects of daily living: ambulatory without aides or independently ambulatory with aides; able to independently manage all physical bodily functions; consistent stability of both emotional and mental health. Any charge for the completion of this form is the responsibility of the applicant.

Please provide your professional opinion or recommendation (**choose one only**)

- He/she is functionally independent.
- Functional independence can be maintained with daytime assistance of scheduled Home Care services.
- Functional independence can be maintained with access to 24 hour healthcare staff (DSL/LTC).

**APPLICANT AUTHORIZATION:** I authorize the HealthCare Provider named below to provide this information to Lloydminster Region Housing Group for review of my application to available services at Pioneer Lodge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of HealthCare Provider

\_\_\_\_\_  
Signature of HealthCare Provider