

# SMOKY LAKE FOUNDATION APPLICATION FOR RESIDENCE

- Vilna Lodge & Villa, Vilna AB  
 Bar-V-Nook Supportive Living, Smoky Lake AB

**Type of Accommodation Desired:**

- Small Suite      
  Large Suite – 1 person     
  Large Suite – 2 person     
  Supportive Living (SL)

**\*\*\* Please note for Supportive Living (SL) suites an assessment for placement must be completed by Alberta Health Services Home Care.**

Name (in full) 1. \_\_\_\_\_ DOB (M/D/Y) \_\_\_\_\_

Name (in full) 2. \_\_\_\_\_ DOB (M/D/Y) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship of Emergency Contact Person to Yourself: \_\_\_\_\_

Next of Kin (name): \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address of Next of Kin: \_\_\_\_\_

Name of Your Current Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care # 1: \_\_\_\_\_ Health Care # 2: \_\_\_\_\_

Social Insurance #1: \_\_\_\_\_ Social Insurance #2: \_\_\_\_\_

Drivers License #1: \_\_\_\_\_ Drivers License #2: \_\_\_\_\_

If you are on Social Assistance, please provide name & office of your Social Worker:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have a Personal Directive?     Yes  No      If yes, please provide a copy.

Do you have a Power of Attorney?     Yes  No      If yes, please provide a copy.

Will you require a Parking Stall?     Yes  No

**Monthly Income** – all incomes must be verified upon acceptance of residency:

	Applicant (\$)	Co-applicant (\$)
Old Age Security & Guaranteed Income Supplement	_____	_____
Alberta Assured Income Supplement	_____	_____
Spouse Allowance	_____	_____
Canada Pension Plan	_____	_____
Company Pension	_____	_____
War Veterans Allowance	_____	_____
War Disability Pension	_____	_____
Employment Income	_____	_____
Social Assistance	_____	_____
Other income – specify _____	_____	_____
<b>TOTAL</b>	_____	_____

Please provide a copy of your Notice of Assessment from Canada Revenue Agency.

**Assets** – please list all investments/assets & interest/income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate, RRSP’s etc.:

Investments/Assets		Interest/Income	
_____	\$ _____	Yearly (\$) _____	Monthly (\$) _____
_____	\$ _____	Yearly (\$) _____	Monthly (\$) _____
_____	\$ _____	Yearly (\$) _____	Monthly (\$) _____
_____	\$ _____	Yearly (\$) _____	Monthly (\$) _____
TOTAL	\$ _____	TOTAL \$ _____	TOTAL \$ _____

Do you presently own or rent your home?       Own       Rent

Please provide cost per month including rent/mortgage payment, heat, power & water: \_\_\_\_\_

If renting please provide your present Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reasons for wanting to move: \_\_\_\_\_

If you have been given a “notice to vacate” please submit a copy of the notice & state the reason for eviction:

\_\_\_\_\_

**Personal Information:**

Do you presently receive Home Care? Yes  No

Do you require any mobility assistance/aids? Cane  Walker  Wheelchair  Transfer Assistance

Are you able to administer your own medication? Yes  No

Are you able to dress yourself? Yes  No

Are you able to prepare meals for yourself? Yes  No

Do you have any special dietary needs? Yes  No  If yes, please specify: \_\_\_\_\_

Are you able to do your own laundry? Yes  No

Do you own a pet? Yes  No  If yes - name/type: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

**References** (no relatives please):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

*I /we hereby certify that the forgoing is a true and correct statement regarding myself/ourselves and the particulars thereof.*

*The community may disclose this information about me/us if it is deemed to be required by law. I/we agree that the information received on this Application may be retained by the community.*

1. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to the administration employee care partner or Manager.

Revised February 2017