

APPLICATION PACKAGE FOR:

**BOW VALLEY REGIONAL HOUSING
SENIORS' LODGE PROGRAM**

Part 1: Introduction

This program offers subsidized housing and hospitality services for low and moderate-income senior citizens. Residents may also receive personal care services through Community Care. Rental fees, municipal ratepayer subsidies and provincial grants fund this program.

Please use a checkmark to indicate which program you are applying for:

- ☐ Bow River Lodge in Canmore, Alberta
- ☐ Cascade House in Banff, Alberta

Please submit your completed application package to our office at

Bow Valley Regional Housing (in Bow River Senior's Lodge)
920 Fairholme Drive
Canmore, Alberta T1W 1W1

Please use a checkmark to indicate you have included all necessary documents with your package:

- ☐ Income Verification: all income summaries (pay stubs, etc.) for the past 3 months
- ☐ Most recent Notice of Assessment from Canada Revenue Agency
- ☐ "Need to Reside" authorization from Parks Canada if applying for Cascade House residency in Banff, Alberta.

Please note we may request further income verification and/or residency documentation from you during the application process.

Please contact us by email to info@bvrh.ca or by phone to (403) 678-5922 if you require more information or assistance.

Information is being collected under the Authority of Social Housing Accommodation and Alberta Housing Act, and will be used to assess your eligibility for our program; it will also be used to establish your priority rating score, which is used to measure our applicants' levels of need. Your personal information will be maintained confidentially in a locked storage file with restricted access. This information is being collected and protected in accordance with the Privacy Provisions of the Freedom of Information and Protection of Privacy Act.

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Bow Valley Regional Housing Seniors Lodges

Supportive Living Level 2 Accommodation

Bow River Lodge / Cascade House Application

Revised July 2014

Thank you for inquiring about our Senior Citizens' Lodges. Seniors who are functionally independent, with or without the help of existing community-based services, are eligible for lodge accommodation. Applicants are prioritized on their level of need, which takes into consideration level of support required, income, housing need and certain special circumstances. Higher need applicants are given priority and are housed first. Applicants may also need to meet local residency requirements.

We have been providing housing and support services to Bow Valley region senior citizens for many years. We offer supportive services in a secure home-like setting where seniors can maintain independence and control over their lives, while receiving some of the support they need. We currently operate two lodges: Bow River Lodge in Canmore, and Cascade House in Banff. These lodges are mandated to accommodate a total of eighty-five residents whose needs are consistent with Level 2 of the *Levels of Seniors Supportive Living in Alberta Framework*. A summary of this framework is included in our information package. Our services that meet Level 2 of the framework include: our Safety and Security program; our social, leisure and recreational program; and our level of staffing. Our services that exceed Level 2 of the framework include: our meal services; our housekeeping services; our personal laundry services; and our bedding and towel services.

We are committed to excellent service in the delivery of housing and support options to the seniors of the Bow Valley, and we intend to build upon our experience. We expect to expand our housing capacity *and* the levels of support we can provide over the next few years in order to offer a full range of housing options to the seniors of the Bow Valley.

We invite you to apply for accommodation using this application package; please see the next page for instructions. Please note that we will not be able to begin processing your application until every document is received as requested. Thank you once again for your interest in our organization, please feel free to contact our administrative personnel with any questions or concerns.

Sincerely,

Ian Wilson
Chief Administrative Officer
Bow Valley Regional Housing

Please note that all information being collected through this process is subject to the *Privacy Provisions of the Freedom of Information and Protection of Privacy Act*.

Instructions – How to make your way through the application process!

1. Review the section titled “Application Package Contents” and ensure that you have all the documents.
2. Review the separate package titled “Information Package” to ensure you understand exactly how the lodge program works. If you have not received the lodge information package, please request one through our office by calling 403-678-5922 or email to info@bvrh.ca.
3. Please take the Part 2 of the application package titled “Medical Information and Medication Assistance Form” to your regular physician and *ask them to complete it and return it to our office*.
4. Please complete the Part 3 of the application package titled “Seniors Lodge Application – Vital Information Survey” (page 1-7 in Part 3).
5. Review the document titled “Responsible Party Designation” (page 8 in Part 3) and then make arrangements with a person whom you trust to act as your Designated Contact. Have them complete the document with you. This document must be returned to us with your complete application package.
6. Review and if in agreement complete the document titled “Applicant Release of Personal Information Authorization” (page 9 in Part 3). This document must be returned to us with your complete application package.
7. Review and if in agreement complete the document titled “Medical Eligibility and Managing Lodge Resident Risk” (page 10-11 in Part 3). This document must be returned to us with your completed application package.
8. Review and complete the document titled “Request for Application Interview” (page 12 in Part 3). This document must be returned to us with your completed application package.

9. Remember to provide a copy of your most recent Canada Revenue Agency "Notice of Assessment". This document shall serve to verify your annual income. We are required to have a copy of this document in your file. This document must be for the previous tax year.
10. Remember to include documentation confirming any Alberta Seniors Cash Benefits that you may receive.
11. If you are applying for residency at Cascade House in Banff, please provide us with Proof of Residency Eligibility (often known as "Need to Reside") available through Parks Canada. This is not necessary for Bow River Lodge in Canmore.
12. Please note that we will not be able to begin processing your application until every document is received as requested, including the Medical Information Form that your regular physician must provide to us.
13. Once you have reviewed, complete and collected all of the required documentation , please return it to our administrative office located at:

Bow River Lodge
920, Fairholme Drive
Canmore, Alberta, T1W 1W1
Attention: Greg Hutchings, Operations Manager

Thank you!

We look forward to processing your application and meeting with you in the future to discuss the process further.

Lodge Application Process Outline

1. Once we receive your complete application package (including the Medical Information Form from your regular physician) we will process it according to the Priority Rating Criteria format prescribed by Alberta Seniors and Community Supports to be used by Seniors Lodges for this purpose. We may contact the applicant, their responsible party, or their healthcare workers with questions meant to clarify information found in the application package.
2. This process will result in a decision as to whether or not the applicant is considered appropriate for further consideration given their apparent needs and the limitation of the services available to residents of our lodges. If an applicant appears to be appropriate for our lodge program their request for an application interview” will be granted. The applicant, the applicant’s responsible party, one or more members of our management team and a Community Care RN representative shall attend this interview.
Bow Valley Regional Housing reserves the right to refuse applicants who do not satisfy our residency criteria. In cases where an applicant appears to be inappropriate for our lodge program we will notify that applicant as well as their responsible party of our decision and we may offer referrals to more appropriate agencies at that time.
3. The applicant interview will provide an opportunity for all present to seek information. The agenda will include (but not limited to) a review of: the Managing Lodge Resident Risk protocols; the Lodge Residency Agreement; the Rules and Regulation of the Lodge; discussion of Goals of Care protocols; discussion of Community Care services available to lodge residents; a tour of the lodge; a review of the services and activities available through the lodge; a review of the lodge menu calendar; an exploration of the applicant’s interests; and how the waiting list and selection processes work.
4. Our final assessment of the application may be completed after the interview. At this point the applicant will be placed on the waiting list unless our assessment indicates a need for further evaluation. Further evaluation may include communication with various agencies and personnel in an effort to determine the applicant’s suitability for our Lodge Program. Should it be determined that the applicant is not suitable we will notify that applicant as well as their responsible party of our decision and may offer referrals to more appropriate agencies at that time. Otherwise the applicant will be placed on the waiting list.

5. Applicants who appear on the wait list will be considered for residency as vacancies occur. The list is organized into a priority rating that measures each applicant's level of need as prescribed by Alberta Seniors and Community Supports to be used by Seniors Lodges for this purpose. Applicants with high scores are given priority for accommodation. Existing lodge residents are offered right of refusal for certain rooms in the lodge, so bigger rooms are often filled internally. This results in smaller rooms being available more often than not.
6. Our Board of Directors is responsible for applicant selection. Vacant rooms are awarded to applicants during our regular board meetings. Selected applicants are notified and invited to begin the move-in, or intake process. This process includes an "intake interview" during which the residency agreement will be completed, the Goals of Care documentation will be provided to the incoming resident to be completed as soon as possible, and lodge orientation takes place. The move in date will also be set at this time. A Resident Risk Management Agreement will also be completed at this time if necessary.
7. We are unable to provide an estimate as to how long the assessment process will take. Furthermore we cannot tell you how long a successful candidate may have to wait before being selected for residency. We can tell you we will do our best to be as efficient as possible with the aspects of the process that we control!

Part 2 – of Seniors Lodge Program Application Package

MEDICAL INFORMATION, CERTIFICATION
AND MEDICATION ASSISTANCE FORM

I am an applicant to Bow Valley Regional Housing's Seniors Lodge Program and hereby authorize my physician to release the requested medical information:

Applicant Name

Signature

Date

This medical information form must be completed by the applicant's physician and returned by the physician to Bow River Lodge at the address noted below.

If the report is initially faxed, please mail the original.

Provide this 7 pages "Part 2" of application package to your regular physician with a request for them to complete it and then send it to us. *Do not enter any information onto this document unless you are the applicant's physician.*

1) Applicant's Name: _____ Date of Birth: _____

2) Current Diagnosis: _____

3) Communicable Disease Information:

☐ Date of most recent Influenza Vaccination: _____

☐ Date of Pneumovax Vaccination: _____

☐ Most recent chest X-ray: _____ Results: _____

4) List all Allergies: _____

5) List all Medications (specify med name, dose, route and frequency)

a. _____ e. _____

b. _____ f. _____

c. _____ g. _____

d. _____ h. _____

If there are more than can be listed here, or greater detail must be shared, please do so on a separate sheet of paper.

6) Please check one of the following:

☐ This individual is able to take medications independently.

☐ This individual needs assistance with medications.

- 7) Is applicant able to reside in a Level 2 Seniors Supportive Living accommodation?
Please review and initial the "Health Guidelines for SL Level 2" which follows from page 12.

8) History

- a). List past illnesses, operations, accidents and allergies

- b). Does application have a history of mental health concerns or addictions? ☐ Yes ☐ No
If yes, please give dates, nature of concern and treatment provided;

- c). Does applicant smoke? ☐ Yes ☐ No

- 9) Is the applicant a danger to self or others that is not controllable by medications?

☐ Yes ☐ No Details: _____

- 10) Current Physical Limitations (please list and explain):

Oxygen Required? ☐ Yes ☐ No Details: _____

Is the applicant diabetic? ☐ Yes ☐ No Details: _____

Does the applicant have a pacemaker? ☐ Yes ☐ No Seizures? ☐ Yes ☐ No

Is the applicant: Continent ☐ Yes ☐ No Incontinent ☐ Yes ☐ No

Details: _____

Does the applicant have a catheter? ☐ Yes ☐ No colostomy? ☐ Yes ☐ No

Sight: ☐ Good ☐ Impaired ☐ Legally Blind ☐ Totally Blind

Hearing: ☐ Good ☐ Impaired ☐ Totally Deaf

Speech ☐ No challenges Explain any challenges: _____

Can the applicant walk from point to point without assistance? ☐ Yes ☐ No

11) Does applicant need supervision or assistance with:

Dressing ☐ Yes ☐ No ☐ At times Detail: _____

Walking ☐ Yes ☐ No ☐ At times Detail: _____

Bathing ☐ Yes ☐ No ☐ At times Detail: _____

Toileting ☐ Yes ☐ No ☐ At times Detail: _____

Grooming ☐ Yes ☐ No ☐ At times Detail: _____

Eating ☐ Yes ☐ No ☐ At times Detail: _____

12) Mental Status:

Able to make decisions ☐ Yes ☐ No ☐ At times Detail: _____

Cognitively aware ☐ Yes ☐ No ☐ At times Detail: _____

Alert ☐ Yes ☐ No ☐ At times Detail: _____

Withdrawn ☐ Yes ☐ No ☐ At times Detail: _____

Confused ☐ Yes ☐ No ☐ At times Detail: _____

Depressed ☐ Yes ☐ No ☐ At times Detail: _____

Forgetful ☐ Yes ☐ No ☐ At times Detail: _____

Cooperative ☐ Yes ☐ No ☐ At times Detail: _____

Rational ☐ Yes ☐ No ☐ At times Detail: _____

Anxiety ☐ Yes ☐ No ☐ At times Detail: _____

Hoarding ☐ Yes ☐ No ☐ At times Detail: _____

Wandering ☐ Yes ☐ No ☐ At times Detail: _____

Paranoia ☐ Yes ☐ No ☐ At times Detail: _____

Aggression ☐ Yes ☐ No ☐ At times Detail: _____

Destructive ☐ Yes ☐ No ☐ At times Detail: _____

Unpleasant Habits ☐ Yes ☐ No ☐ At times Detail: _____

Senility? ☐ Yes ☐ No ☐ At times Detail: _____

13) Dietary Requirements: Regular _____ No Concentrated Sugar _____ No added Salt _____

- 14) Does the applicant require services from another health care provider such as respiratory, community care or rehabilitation services? ☐ Yes ☐ No

Explain: _____

- 15) Is the applicant able to evacuate from the ground floor or 2nd floor in a timely manner in the event of an emergency? (i.e. fire) ☐ Yes ☐ No

Explain: _____

- 16) Other Comments: (list any treatments, concerns, necessary supports, etc.)

Health Guidelines
Supportive Living Level 2
Lodge Living (SL2)

Dear Physician:

Please review the criteria below and provide your initials as required to indicate your certification that the applicant meets the supportive living level 2 criteria.

Definition:

Our **Supportive Living Level 2** accommodations are environments that do not provide 24-hour on-site health staff to provide scheduled or unscheduled personal care and support. Residents are able to access scheduled personal care and support through Alberta Health's Home Care program, which has personnel on-site for specific periods of the day and evening.

Our lodges **are not** egress-restricted environments. Patients who may wander or elope are not appropriate for this type of housing.

All health services are provided through AHS. Our staff at Cascade House in Banff does provide Medication Assistance.

Type of Setting:

- Seniors Lodge Level 2

Lodge residents' needs must meet the following criteria: **Physician initials** _____

- Can arrange, manage and direct own care and is responsible for decisions about day-to-day activities. Can manage some daily tasks independently
- A basic set of supports/services is required
- All or most personal assistance can be scheduled
- May require some assistance/encouragement to participate in social, recreational and rehabilitation programs
- Do not exhibit disruptive nor disturbing behaviours that might intimidate or otherwise impair other residents' sense of well being

Health Criteria: **Physician initials** _____

Client will be assessed as being able to safely cope in a lower level living option with or without informal support. They will be assessed as not requiring 24-hour personal care and support in a structured and supervised environment.

Medical conditions:

Physician initials _____

- Medical condition is stable and appropriately managed without a 24-hour on-site Registered Nurse, Licensed Practical Nurse or Health Care Aide
- PRN (unscheduled) medication assistance is not available

Cognitive Status:

Physician initials _____

- Behaviorally stable
- No known risk of wandering or elopement
- Awareness of personal space of others
- Social behavior of resident does not induce fear and anxiety in other residents in this supportive living setting
- No known risk of harm to self or others

Functional Status:

Physician initials _____

- Mobilizes independently
- Able to self-evacuate in the event of an emergency in a timely manner from the ground floor or 2nd floor
- Able to recognize emergencies and able to react appropriately
- May require scheduled personal care (cueing, assistance with prepackaged scheduled medications)
- Able to call for help using a call system
- May require weekly housekeeping

Exclusion Considerations:

Physician initials _____

- Meal assistance
- Transfer assistance
- Chronic incontinence not amenable to interventions
- Dementia
- Risk of elopement
- Active addictions
- Disturbing behaviors that threaten or otherwise disturb other residents
- Requirement for unscheduled personal care (assistance with management of incontinence, bathing and initiation and completion of activities)
- Requirement for unscheduled housekeeping and sanitization
- Immobility
- Special dietary requirements
- Motorized mobility aids*

*Motorized mobility aids are permitted on a very restricted basis in Bow River Lodge. Approval must be sought prior to bringing any such aid into the lodge. BVRH will consider all requests but cannot guarantee permission will be granted. Motorized mobility aids are not permitted in Cascade House.

Dear Physician:

Please initial above as required to indicate your certification that the applicant meets the supportive living level 2 criteria. Please also complete the following:

I certify that the above information is true and correct to the best of my knowledge and that on the day of examination:

1. Continuous 24 hour nursing care is not needed.
2. The person's needs can be met in a facility that is not medical, psychiatric, or a nursing facility.
3. The person has received screening for tuberculosis and has no apparent signs or symptoms of infectious disease that is likely to be transmitted to other residents or staff.
4. The person is capable of living in a congregate setting without harming or disturbing residents, staff and visitors. No known problem behaviors nor active addictions.
5. The person does not require a secure setting where their ability to leave the premises must be controlled.

Signature of Physician

Date

License #

Phone #

Please print or stamp name, address and phone number of the physician.

view in order to make the necessary arrangements.

Part3 – of Seniors Lodge Program Application Package

Vital Information Survey

Include this survey in your submission package to us.

The following information will be used to assess your eligibility for lodge accommodation; it will also be used to establish your priority rating score, which is used to measure our applicants' levels of need. Your personal information will be maintained confidentially in a locked storage file with restricted access. This information is being collected and protected in accordance with the *Privacy Provisions of the Freedom of Information and Protection of Privacy Act*.

Date completed: _____ By: _____

Name of applicant: _____ Date of birth: _____

Current Address: _____

Mailing Address (if different): _____

Telephone number/s: _____ Email: _____

Marital Status: _____ Years lived in Bow Valley: _____ Years lived in Alberta: _____

Do you drive? ☐ Yes (License Plate: _____) ☐ No

Alberta Health Care No.: _____ Alberta Blue Cross No.: _____

Social Insurance No.: _____ Old Age Security No.: _____

Name and phone number of your Physician: _____

Has a guardian been appointed under the *Dependent Adults Act*? ☐ Yes ☐ No

Name of Guardian: _____

Contact numbers: _____ Email: _____

Address: _____

Emergency Contacts (please provide at least one):

1. Name: _____ Relationship to you: _____

Contact numbers: _____ Email: _____

Address: _____

2. Name: _____ Relationship to you: _____

Contact numbers: _____ Email: _____

Name of your Executor: _____ Relationship to you: _____

Contact numbers: _____ Email: _____

Address: _____

1. Nutritional

Are you physically able to cook for yourself?	Y	N
Does your current accommodation have appropriate cooking facilities?	Y	N
Do you receive regular meal assistance through others?	Y	N
Do you currently use a "Meals on Wheels" program?	Y	N
Are you interested in eating well / have a good appetite?	Y	N
Are your nutritional needs met through your eating habits?	Y	N
Do you require assistance or supervision when eating?	Y	N
Do you have any special dietary requirements?	Y	N

If yes, please explain: _____

(Please note that at this time we are unable to provide significantly modified diets.)

2. Life Enrichment

Are activities that enhance the following areas currently available to you?

Physical health	Y	N
Emotional well being	Y	N
Spiritual	Y	N
Social	Y	N
Intellectual	Y	N
Cultural	Y	N

Is transportation to these activities available to you if necessary?

Physical health	Y	N	N/A
Emotional well being	Y	N	N/A
Spiritual	Y	N	N/A
Social	Y	N	N/A
Intellectual	Y	N	N/A
Cultural	Y	N	N/A

Are you able to participate in activities that enhance your preferences?

Physical health	Y	N	N/A
Emotional well being	Y	N	N/A
Spiritual	Y	N	N/A
Social	Y	N	N/A
Intellectual	Y	N	N/A
Cultural	Y	N	N/A

Do you currently or would you like to participate in locally offered Day Programs? ☐ Yes ☐ No

Do you currently or would you like to participate in locally offered social programs? ☐ Yes ☐ No

Please tell us about what you enjoy, such as your interests, hobbies, career, training, education, expertise, etc.

3. Access to Service / Amenities

Are you physically able to access groceries on your own?	Y	N
Are you able to access health-related products on your own?	Y	N
Are you able to attend appointments on your own?	Y	N
Are you able to drive, do you have acquaintances who will transport you?	Y	N
Are you able to access public or specialized transportation?	Y	N

4. Current Environment

Are you subjected to abuse in your current accommodation?	Y	N
Are you experiencing an emergency situation (fleeing abuse, survived a disaster, personal safety at risk, etc.) requiring imminent relocation?	Y	N
Do you require a more controlled or supportive environment due to risk from: Mental health concerns acceptable under lodge criteria (such as mild forgetfulness or anxiety)?	Y	N

Please explain _____

Physical health concerns acceptable under lodge criteria (such as increased fall hazard or oxygen therapy)?	Y	N
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Please explain _____

Are there any other external factors that are putting you at risk? Y N

Please explain _____

Do you currently receive or require *physical therapy*? Y N

Contact name / phone number: _____

Do you currently receive or require *occupational therapy*? Y N

Contact name / phone number: _____

Do you currently receive or require *mental health supports*? Y N

Contact name / phone number: _____

Do you currently receive or require *community care supports*? Y N

Contact name / phone number: _____

Do you currently receive or require *private care supports*? Y N

Contact name / phone number: _____

5. Physical Well Being

Are you able to dress yourself without assistance? Y N

Are you able to get to meals/activities without assistance? Y N

Are you able to get to meals/activities without being reminded? Y N

Are you able and willing to regularly groom yourself? Y N

Are you able to manage your own toileting? Y N

Do you require assistance with bathing? Y N

Do you require assistance with your personal laundry? Y N

Do you smoke? Y N

Do you have allergies? Y N

Please explain your allergies _____

Do you have diabetes? Y N

Do you suffer seizures? Y N

Do you use a catheter? Y N

Do you have a colostomy? Y N

Do you use supplemental oxygen? Y N

Do you have a pacemaker? Y N

Is your vision adequate for getting around? Y N

Is your vision adequate for reading? Y N

Is your hearing adequate (with aids if necessary) for socializing? Y N

Do you have any barriers to communication? Y N

Please explain your barriers: _____

Do you currently use or require a separate Medical Alert system? Y N

Do you currently receive or require assistance with your medications? Y N

Is the applicant unable to care for him/herself due to physical disability? Y N

Please explain: _____

6. Mental Well Being

Are you able to manage your personal finances without assistance? Y N

Are you able to schedule your appointments without assistance? Y N

Are you able to determine whether your needs are being met? Y N

Are you able to make your own decisions? Y N

Are you able to function in a congregate environment? Y N

Are you stable and able to function in a congregate living environment? Y N

Is the applicant unable to care for him/herself due to mental disability? Y N

Please explain: _____

7. Mobility

Do you have trouble with stairs in your current accommodation? Y N

Do you have trouble accessing all areas of your current accommodation? Y N

Do you have trouble gaining access to your accommodation from outside? Y N

Do you require assistance moving around your current accommodation? Y N

8. Family/Community Support – Current situation

Do you have family members/friends nearby who assist with transportation? Y N

Do you have family members/friend nearby who assist with homecare? Y N

Do you have family members/friend nearby who assist with meals? Y N

Are you experiencing an appropriate level of social interaction? Y N

9. Availability of Other Accommodation

Accessing other suitable and affordable housing options in your community is:

- ☐ Absolutely impossible
- ☐ Practically impossible
- ☐ Very difficult
- ☐ Challenging
- ☐ Somewhat troublesome

Have you been asked/required to leave an accommodation in the past year?	Y	N
Are you aware of other appropriate housing options in your community?	Y	N
Have you looked into other appropriate housing options?	Y	N
Why do you believe we are a good choice for you?	_____	

10. Existing Housing Situation – Maintenance

Are you able to perform the following basic maintenance task s without assistance?	Y	N
Snow and ice removal	Y	N
Yard work	Y	N
Proper housekeeping	Y	N
Basic home maintenance	Y	N
If N/A, why? <input type="checkbox"/> Condo <input type="checkbox"/> Paid service <input type="checkbox"/> Have help <input type="checkbox"/> _____		

11. Existing Housing Situation - Structural

How does your current housing rate given your needs?		
Is it suitable?	Y	N
Is it unsuitable but affordably adaptable?	Y	N
Is it unsuitable and unaffordably adaptable?	Y	N
Is it unsuitable and unadaptable?	Y	N

12. Existing Housing Situation – Non-Structural

How does your current housing rate given your needs?		
Is it inadequate due to problems with other residents?	Y	N
Is it inadequate due to overcrowding?	Y	N
Is the applicant about to lose their current accommodation?	Y	N
Is the applicant essentially homeless?	Y	N

Please explain, in detail your reasons for wanting to reside in a BVRH seniors lodge:

☐I wish to relocate to be near my _____, who moved here in _____

This information provided above is accurate to the best of my knowledge.

Name: _____

Signature: _____

Date: _____

Witness: _____

Did someone other than the applicant enter the information on this form? Y N

If yes, please also provide the information requested below:

Please explain why the applicant was not able to enter the information on their own:

Name: _____

Signature: _____

Date: _____

Relationship: _____

Responsible Party Designation

Please complete this form and include it in your submission package to us.

Applicant portion (to be completed by the applicant):

I _____ hereby request that Bow Valley Regional Housing accept and recognize _____ of _____ and _____ of _____ as my designated contact/s. I want them to serve as emergency contact person/s for me. I also want them to be responsible for me in the event that I am involved in a situation requiring the Managing Resident Risk process. My designated contract/s may be called upon to help with decisions around support services and continued residency within the lodge. They may also be asked to assist with transporting me to appointments and to help me source products and services that are not available in the lodge. I understand that I must have a designated contact.

Applicant Signature

Date

Witness Signature

Witness Name printed

Designated Contact portion (to be completed by responsible party or parties):

I (we) _____ of _____ and _____ of _____ certify that I (we) will be totally responsible for _____ with regard to their residency within Bow Valley Regional Housing's Lodge Program. In the event that the above-mentioned applicant fails to abide by the rules, regulations or policies of the lodge as developed and approved from time to time by our Board of Directors I (we) agree to abide by any decisions or requests regarding the residency of the applicant. I (we) further agree to arrange and assist with the relocation of the applicant within thirty (30) days of being notified of such a directive. I (we) further agree that the Board's decisions are final and binding on all parties concerned. I (we) also understand that Community Care service are available to residents of the lodge and that in the event the applicant moves in and is determined at some point to require such services the applicant named in this agreement may be asked to accept Community Care services in order to maintain their eligibility to remain in our lodge program. I (we) further understand that failure on the part of the named applicant to agree to such requests may result in termination of their residency, requiring relocation to a more suitable facility, at the applicant's effort and expense, which (we) may be required to supplement and/or assist with.

Designated Contact Name

Other Designated Contact Name

Designated Contact Signature

Other Designated Contact Signature

Signed and agreed to on the _____ day of _____, year _____.

Applicant Release of Personal Information Authorization

Please complete this form and include it in your submission package to us.

This form is necessary to ensure that we are able to collect all of the information we need to process your application. The privacy and information laws that we are subject to require us to obtain your permission to exchange information with other persons and agencies. We will only exchange information when it is necessary to evaluate your application and eligibility, your health or your financial standing, or if required to do so by law.

I _____ authorize Bow Valley Regional Housing to exchange information concerning my health, social needs, financial situation and criminal history with the agents, employees and representatives of the following agencies:

- Alberta Health Services including Community Care and Mental Health
- Alberta Employment and Immigration
- Royal Canadian Mounted Police
- Canada Revenue Agency
- Town of Banff FCSS
- Town of Canmore FCSS

I understand that this information will only be exchanged when absolutely necessary to assess my eligibility to reside within the lodge and/or my health and social needs, any other housing needs I may have, or for planning services to meet my needs or those of the lodge residents and staff.

I release Bow Valley Regional Housing; it's facilities, agents, employees and representatives from any and all claims that may arise as a result of the release of the information described above.

This authorization shall be valid during the time that I am an applicant to Bow Valley Regional Housing programs, and during the time that I am a resident of the bow Valley Regional Housing Seniors Lodge program if this occurs, and for a period of three months following my termination from the program, should this occur. I have the right to terminate this authorization and may do so by providing written notice of it to Bow Valley Regional Housing. I understand that such action may render me ineligible for residency in Bow Valley Regional Housing accommodation.

Dated this _____ day of _____, 20____ at the _____ of _____.
(month) (city or town) (province)

Applicant Signature

Witness Signature

Guardian Signature if applicable

Witness phone number

Medical Eligibility and Managing Lodge Resident Risk

Please complete this form and include it in your submission package to us.

Applicants and residents of Bow Valley regional Housing (BVRH) lodges are required to meet certain eligibility requirements. These requirements are based on Alberta Seniors and Community Supports standards, as well as BVRH standards. The criteria by which eligibility is determined is explained on the page titled, "Mandate and Criteria", found with this package.

Medical Eligibility

Senior citizens who are functionally independent (both mentally and physically) with or without the help of certain existing community based services are eligible for lodge accommodation.

Generally, lodges do not have health professionals on staff, and lodge staffs are not trained to care for residents with health or complex personal care needs. BVRH lodges have staff trained in housekeeping, food services, maintenance, administration and first aid only. Our staff at Cascade House can also provide medication assistance to residents. Otherwise Community Care provides all health-related supplemental care. These services support continued resident eligibility in our lodges up to Level 2 of the Supportive Living in Alberta framework (see "Health Guidelines Supportive Living Level 2" from page 2). The community-based programs do not provide 24 hours staffing or nursing care to residents of our lodges.

Our ability to house residents with health concerns depends upon:

- The level of identified risk to the health and/or safety of the resident posed by residing in our lodge given our limited ability to provide health-related services.
- Which community services are available to the individual that may mitigate any identified risks.
- The extent to which the resident's health impacts the operation of the lodge and the lives of the other residents.

Managing Resident Risk

BVRH monitors all residents of our lodges on an on-going basis in an effort to identify the potential risks related to the health and safety of each individual resident. This may include regular consultations between BVRH and service providers such as Community Care, Alberta Health Services Mental Health, residents' physicians, etc. This process is designed to ensure our residents are receiving the level of care and support they require to remain safe while living in our lodge. It is also designed to ensure that a resident's health does not adversely impact the operation of a lodge, nor the well being of the other residents.

BVRH will create a managed risk agreement for all residents requiring or desiring one. This may involve the resident, the resident's identified next of kin or designated responsible party and the appropriate health professionals in the assessment of risk and the creation of plans intended to mitigate the potential for and consequences of identified risk situations. The agreement shall acknowledge the limitations of the services provided by BVRH and shall articulate the agreement between BVRH and the resident and the resident's responsible party related to the identified risk. Copies of the agreement shall be available to all these persons.

BVRH shall ensure that the agreement is reviewed and amended from time to time based upon any reassessment of the resident's physical, emotional and/or cognitive condition.

The format of the agreement shall be consistent with the attached form (BVRH Managed Risk Agreement).

Authorization and acknowledgement

By signing this document I agree to abide by, and as necessary participate in the Bow Valley Regional Housing resident risk management process. As well I authorize the disclosure and use of all health-related information between relevant agencies (including but not limited to Alberta Health Services Community Care, Alberta Health Services Mental Health, resident's physicians and Bow Valley Regional Housing) when necessary to complete this evaluation process.

Applicant's or Resident's signature

*Designated Contact or
Responsible Party's Signature*

Applicant's or Resident's name

*Designated Contact or
Responsible Party's name*

Witness

Date

Request for an Application Interview

Please complete this form and include it in your submission package to us.

We require every applicant to complete and submit this form as part of his or her application package. The application interview is an integral part of the lodge application process, however it is only available to those applicants who, based on their submitted application package, appear to be appropriate for the Lodge Program. Bow Valley Regional Housing reserves the right to refuse applicants who do not satisfy our residency criteria.

Those applicants who, based upon their application packages, appear to be appropriate for the Lodge Program are required to attend an interview during which they will meet with representatives of Bow Valley Regional Housing and Community Care. The applicant is encouraged to invite their Designated Contact to accompany them to the interview. The applicant is encouraged to ring along a close family member or friend as well.

The meeting provides an opportunity for all present to seek information pertinent to the advanced phases of the application process. The agenda will include (but not limited to) a tour of the lodge, and a review of:

- Managing Lodge Resident Risk protocols
- The Lodge Residency Agreement
- The Rules and Regulations of the Lodge
- The services and activities available through the Lodge
- The Lodge menu
- Goals of Care protocols
- Community Care services available to Lodge residents
- The applicant's interests
- The Lodge waiting list and selection process

Please complete this document in order to request an Application Interviews.

I _____ request an Applicant Interview with Bow Valley regional Housing as part of my application to the Lodge Program. I understand that Bow Valley Regional Housing reserves the right to refuse applicants who do not satisfy the residency criteria. I further understand that I will be notified of my application status as to whether or not I qualify for an application interview.

Applicant Signature

Date

A representative of Bow Valley Regional Housing will contact applicants who qualify for an application interview in order to make the necessary arrangements.