

SENIORS RENTAL ACCOMMODATION

Information for Applicant

Thank you for your interest in rental accommodations for Seniors in the Regional Municipality of Wood Buffalo. To be eligible for seniors housing you must:

- Be a minimum of 65 years of age. If a couple is applying for housing at least one of the applicants must be 65 years of age;
- Must be a resident of the Regional Municipality of Wood Buffalo for a minimum of three (3) months.

Rotary House, Legion Manor and Araubasca House provide safe, pleasant, affordable housing in an environment promoting independence.

To assist you in completing the application process, the following information and forms are attached:

- Aging with Dignity – Seniors rental Accommodation Application Form
- Aging with Dignity – Medical Assessment Form (only complete if applying for Rotary House)
- Rotary House General Information Sheet
- Rotary House Fee Guide

All completed applications for seniors accommodations for must be submitted to Rotary House Seniors Lodge, 10116 Fraser Avenue, Fort McMurray, AB T9H 5E9. The forms may also be faxed to 780-791-1173.

Seniors Accommodation (Legion Manor, Araubasca House)

Individuals applying for accommodations in our seniors accommodations will be contacted by a representative of Wood Buffalo Housing & Development Corporation for a personal interview once the completed application form has been received and reference checks completed.

Lodge Accommodation (Rotary House)

For individuals applying for accommodations at Rotary House, in order to assist us in processing and adjudicating your application as quickly as possible, it is important for you to follow the steps below:

- Complete the application and medical assessment forms in their entirety and return them to Rotary House, 10116 Fraser Avenue, Fort McMurray, AB T9H 5E9. The forms may also be to 780-791-1173.
- Contact the Continuing Care Assessment Centre at 1-855-371-4122 to make an appointment for a nursing assessment.

- It is imperative that the required assessment be completed. If the applicant is applying from outside the Regional Municipality of Wood Buffalo, a fee may apply.
- A representative from Wood Buffalo Housing & Development Corporation will contact you and your family for a personal interview once the completed application form, medical assessment form and nursing assessment have been received.

As this process will take some time to complete, your cooperation is appreciated in following all steps completely and timely in order for us to assist you in a smooth transition to Rotary House.

If you require additional information or clarification please contact Rotary House administration at 780-715-2358.

AGING WITH DIGNITY
SENIORS RENTAL ACCOMMODATION
APPLICATION

Requirements:

- Must be a minimum of 65 years of age or, if a couple, at least one applicant must be 65;
- Must have resided in the Regional Municipality of Wood Buffalo for a minimum of three (3) months
- Must provide the following information:
 - A copy of the Annual Notice of Assessment from the previous year's taxes.
 - Return completed application to:

Rotary House Seniors Lodge
10116 Fraser Avenue
Fort McMurray, AB T9H 5E9

Note: This application is valid for a period of one (1) year from date of interview.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE FULLY ANSWERED AND COPIES OF ALBERTA HEALTH CARE CARDS AND PHOTO ID RECEIVED

If a translator was required to complete this application please provided their name and phone number:

NAME: _____

PHONE NUMBER: _____



AGING WITH DIGNITY

APPLYING FOR: Seniors Accommodation (Legion Manor, Araubasca House)
 Rotary House

Applicant Information:

File No. _____

Please print

Date: _____

SURNAME:

FIRST NAME:

CURRENT ADDRESS:

POSTAL CODE

PERMANENT ADDRESS:

POSTAL CODE

TELEPHONE NUMBER:

DATE OF BIRTH (month/day/year)

Spouse/Common Law Partner Information: (if applicable)

Please check appropriate box:

- Spouse Friend
 Family Member - (specify) _____
 Other – (specify) _____

Please check one:

- Mr. Mrs. Miss Ms.

SURNAME:

FIRST NAME:

CURRENT ADDRESS:

POSTAL CODE

PERMANENT ADDRESS:

POSTAL CODE

TELEPHONE NUMBER:

DATE OF BIRTH (month/day/year)

AGING WITH DIGNITY

Application for Accommodation

If you are unavailable at the above noted telephone number, please provide an alternate contact person:

Name

Telephone Number

Type of accommodation applying for:

Please check appropriate box:

- Single Occupancy Double Occupancy Wheelchair Accessible

Who referred you to Rotary House, Housing for Seniors:

Please check appropriate box:

- Family Doctor Home Care
 Advertisement Other Hospital/Care Centre
 Family Community Support Service

Next of Kin:

SURNAME:

FIRST NAME:

CURRENT ADDRESS:

POSTAL CODE

PHONE (RESIDENCE)

PHONE (BUSINESS)

RELATIONSHIP

AGING WITH DIGNITY

Application for Accommodation

Alternate Contact:

SURNAME:

FIRST NAME:

CURRENT ADDRESS:

POSTAL CODE

PHONE (RESIDENCE)

PHONE (BUSINESS)

RELATIONSHIP

Family Doctor:

NAME:

ADDRESS:

POSTAL CODE

PHONE

PERSONAL DIRECTIVE:

TRUSTEESHIP/GUARDIANSHIP :

Not Applicable

Do you have a Guardian?

Yes

No

If yes, please specify:

Name

Phone Number

Do you have a Trustee?

Yes

No

If yes, please specify:

Name

Phone Number

Someone with Power of Attorney?

Yes

No

If yes, please specify:

Name

Phone Number

AGING WITH DIGNITY

Application for Accommodation

PLEASE CHECK IF YOU ARE RECEIVING ANY OF THE FOLLOWING SERVICES:

FCSS – Bus Life Line Meals on Wheels

Day Program (specify) _____

Department of Veteran Affairs Assistant _____

Mental Health Services (give contact name) _____

Home Care (give contact name) _____

Private Care (give contact name) _____

Social Assistance/A.I.S.H Worker (give contact name) _____

Other (specify) _____



If successful, when are you prepared to move? _____

Other Comments:

AGING WITH DIGNITY

Application for Accommodation

FINANCIAL INFORMATION (Monthly Income)

DESCRIPTION	APPLICANT	2 ND APPLICANT
Old Age Security and Guaranteed Income Supplement		
Alberta Seniors Benefit		
Spouse Allowance		
Canada Pension Plan		
Company Pension		
War Veterans Allowance		
War Disability Pension		
Alberta Social Assistance		
Assured Income for Severely Handicapped (A.I.S.H.)		
Alimony		
Other Income (specify)		
SUBTOTAL		
INVESTMENT INCOME	MONTHLY \$	MONTHLY \$
Interest on Chequing/Savings Accounts		
R.R.S.P/R.R.I.F.		
Term Deposits/GIC's		
Stocks		
Bonds (Canada Savings Bonds/Alberta Bonds)		
Annuities		
Rental Property		
Other		
Other		
SUBTOTAL		
MONTHLY TOTAL		

Please provide a copy of your annual Notice of Assessment from previous year's taxes.

Are you currently employed? Yes No

If yes, please provide name and address of employer:

Name: _____

Address: _____

I hereby understand and agree that 24-hour medical care is not to be provided in the Lodge and that should I require 24-hour medical care, I am willing to move to the appropriate accommodations. I also hereby authorize Wood Buffalo Housing & Development Corporation/Rotary House to do any required reference checks while assessing my application for admission.

Signature of Applicant

AGING WITH DIGNITY

Application for Accommodation



PERMISSION TO OBTAIN RENTAL REFERENCE

I/We _____ hereby give Wood Buffalo Housing & Development Corporation, Family Housing Division permission to make any inquiries to the references and/or obtain verifications to any of the information submitted on my/our application.

I/We further understand that this application does not constitute an agreement on the part of Wood Buffalo Family Housing Division, or its agents, to provide me with rental accommodation.

I/We further acknowledge the right of Wood Buffalo Family Housing Division, or its agents, at any time prior to the execution and delivery to me or of lease hereby applied for, to withdraw, revoke or cancel without penalty or given notice.

I/We further agree that I/we am/are obligated to advise Wood Buffalo Family Housing Division, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

I/We also agree that the information provided by me/us pertains to ALL persons named within this application.

Dated this _____ day of _____, 20____.

Signature

Witness

Signature



AGING WITH DIGNITY

MEDICAL ASSESSMENT

(ONLY complete if applying for admission to Rotary House)

Name: _____ Phone Number: _____

Address: _____

Date of Birth: _____

Date of Examination: _____ Place of Exam: _____

Sex: _____ Height: _____ Weight: _____ Blood Pressure: _____

Drug Sensitivities/Allergies:

- Penicillin
- Sulpha

- Other (specify)
- None known

PERTINENT HISTORY:

AGING WITH DIGNITY

Application for Accommodation - Medical Assessment

Physical Findings:

Is there evidence of past or present abnormality of:	Yes	No	If Yes, give particulars (please attach additional information if required)
Head and Neck			
Cardiovascular System: <input type="checkbox"/> Blood Pressure: _____ <input type="checkbox"/> Pacemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Respiratory System: • Oxygen required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gastrointestinal System			
Skin, Lymph Nodes, Breasts			
Musculoskeletal System			
Nervous System			
Genitourinary System: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Stress <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent			
Mental Health/Memory & Orientation			
Psycho-Social/Specific Behaviour Disturbance			
Infectious Diseases			
Other			

Comments:

	Investigations	Results (Complete or Attach Reports)	Date
1.	Chest X-Ray		
2.	Hgb		
3.	FBS		
4.	Bun		
5.	Electrolytes		
6.	TB Screen <input type="checkbox"/> Negative <input type="checkbox"/> Positive Referral Made <input type="checkbox"/> Yes <input type="checkbox"/> No Referral to: _____ <input type="checkbox"/> Chest X-Ray radiology report attached		
7.	Urinalysis		

ROTARY HOUSE

Supportive Housing for Seniors

GENERAL INFORMATION

Wood Buffalo Housing & Development Corporation is pleased to announce an alternative community living choice for senior citizens in Fort McMurray. Lodge living promotes a high quality of life for the functionally independent senior. Rotary House will provide safe, pleasant, affordable housing in an environment promoting independence, where seniors are treated with dignity and respect.

There are many advantages to Lodge living:

- Healthy, nutritious meals and snack served in a central dining room; family and friends are welcome for a nominal fee and 24 hours notice;
- 24 hour non-medical staffing in a secure environment;
- Amenities such as weekly housekeeping and linen changes; personal laundry facilities or fee-for-service for those who wish to have their laundry done for them;
- Social and recreational opportunities coordinated by an in-house activity coordinator; Volunteer programs to assist with participation in community activities;
- Furnished rooms available, if required;
- Additional personal items may be brought in by the resident with management approval and as space permits;
- Common area to facilitate social gatherings including meeting with family and friends;
- Hair dressing station to allow for personal hairdresser to come as needed.

To assist us in ultimately meeting our residents needs, an extensive eligibility process has been devised. Applicants must be a resident in the Province of Alberta for 3 months prior to the application date. Lodge applicants must be independent, able-bodied and cognitively aware. Community based services can be accessed to assist with such things as personal care or medication assistance. Rotary House does not provide these services directly as we are not a nursing care facility.

A priority rating system takes into consideration the prospective resident's need for subsidized housing, independence in daily activities and day-to-day life and how much benefit would be derived from living in a supportive housing environment.

We hope this information has been helpful and informative in assisting you with your decision to pursue Lodge living. If you require additional information, please feel free to contact Rotary House Administration at 780-791-1164 or 780-715-2358.



ROTARY HOUSE Supportive Housing for Seniors

FEE STRUCTURE

- All residents in single units, regardless of income, will pay a \$490.00 non-shelter fee, which includes all meals and snacks, basic furnishings, weekly cleaning of unit and laundry of towels and linen, 24 hour staffing.
- Shelter will be based on income, using a formula of 30% of income. Notice of Assessment will be required for verification of income.
- The total fee for single occupancy will cap at an amount of \$1,155.00 per month.
- The total fee for double occupancy will cap at an amount of \$1,786.00 per month.
- If one person is left alone occupying a double room, the single rate is charged pending a mandatory move to the first available single unit.
- Parking will cost \$10 per month for the months of November, December, January and February.
- Laundry services for residents' personal laundry will be available at a cost of \$25.00 per month. Please notify Administration of desire to use this service.
- A washer and dryer will be available for residents' personal use at no charge; cleaning products will not be provided.
- Residents who wish to acquire cable or phone service should make arrangements to contract through the applicable service provider.

ROTARY HOUSE
Supportive Housing for Seniors

MONTHLY SERVICE FEE
RESIDENTIAL FACILITIES

The following items are included in the monthly service fee:

- Heat – Water – Gas;
- Furniture (twin bed, night table, dresser, chair) if needed;
- Pre-wired outlet for telephone and cable;
- In room kitchenette with small refrigerator and microwave;
- Emergency response call system;
- Window coverings;
- Air conditioning in rooms & common areas;
- Weekly housekeeping (includes vacuuming, cleaning of bathroom, kitchenette, floors and changing bed linens);
- Yearly spring cleaning (washing walls, windows, etc.);
- Individual mail box with key;
- Smoke detectors in rooms and common areas;
- Fire alarm monitoring;
- 24 hour security monitoring service;
- Emergency lighting;
- Laundry room with complimentary machines;
- Common dining room & refreshment area;
- 3 well balanced meals and snacks daily; and
- Landscaping and snow removal.

The following are available to Residents:

- Fitness class and treadmill;
- Private dining area;
- Therapeutic Tub area;
- Hair Salon; and
- Patio and walkway to Pond.

Support Services:

- Professional on site management;
- 24 Hour Resident Service Aides on site;
- 24 Hour Home Care;
- A fee-for-service hair salon;
- Access to scheduled recreation and leisure services programs (social, arts, entertainment, and fitness);
- Reasonable repairs and maintenance; and
- Personal Laundry Service @ \$25.00 a month per person.

Meal Services:

- Three (3) well balanced meals and snacks under the Canada Food Guide; and
- Coffee, tea, juice, milk, fruits and snacks are available at all times.

The following items are not included in the monthly service fee:

- Telephone;
- Cable;
- Internet;
- Personal Laundry;
- Additional activities and outings where participation fees may apply;
- Guest services including meals and accommodation; and
- Access to scheduled transportation for local shopping and appointments for a minimal fee (public transit and Handi Bus).