

APPLICATION FOR SELF CONTAINED ACCOMMODATION

This confidential information is being collected in accordance with the Alberta Housing Act, in that it relates directly to and is necessary to determine eligibility of applicants of the Bridges Community Living Self Contained program. Personal information contained herein may be disclosed if deemed necessary to assess eligibility of applicants. For further information please contact the FOIP (Freedom of Information and Protection of Privacy) Coordinator for the Bridges Community Living at 403-343-1077.

PERSONAL

Name of Applicant: _____

Date of Birth: _____ (year/month/day) Age: _____

Name of Co-Applicant: _____

Date of Birth: _____ (year/month/day) Age: _____

Marital Status: Single Married Separated Widowed
 Divorced Inter-dependent Relationship

Present Address: _____ Ph # _____

City/Province: _____ Postal Code: _____

Emergency Contact Name: _____ Phone #: _____

Relationship to Emergency Contact Name: _____

Family Doctor: _____ Phone #: _____

Are you a: Canadian Citizen Landed Immigrant

Other: _____

Length of residence in Canada: _____ yrs In Alberta _____ yrs

If a translator is required, please provide their contact information:

Name: _____ Phone #: _____



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FINANCIAL – no application will be processed without the following:

I have attached my Notice of Assessment to this application

Please list a dollar value of ALL your assets BE SPECIFIC

Bank Accounts (chequing & saving) : \$ _____

RRSP & RIF: \$ _____ Real Estate: \$ _____

Rental Properties: \$ _____ GIC: \$ _____

Stocks & Bonds: \$ _____ Royalties: \$ _____

Other (specify what and how much): \$ _____

ACCOMMODATION:

Do you currently: Rent Own

***** You must provide one landlord reference and one character reference in order for this application to be processed *****

Present Landlord's Reference: _____ Phone #: _____

Present Landlord's Reference: _____ Phone#: _____

Character Reference: _____ Phone#: _____

Character Reference: _____ Phone#: _____

***** If you have no landlord reference, please provide the contact information for two character references *****

Rent/mortgage: \$ _____ month

Do you currently pay for?: Electricity Heat City Services

Why do you wish to move?: Financial Overcrowded Closer to family

Relationship Breakdown Limited accessibility (stairs, distance from amenities)

Other: _____

****You may use this additional space to provide further details on why you wish to move. The more detail we have the better we are able to assess your need for housing.**

Have you received a written notice to vacate (attach copy)?: Yes No

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Please number in order of preference which building you would like to be placed:

- Barrett Kiwanis Place Canyon View Kiwanis Place Centennial Kiwanis Courts
 Fleming Kiwanis Manor Twilight Kiwanis Cottages Waskasoo Kiwanis Towers

Please note any special requests (Main floor, upper floor, wheelchair accessible suite):

**Please note that Bridges Community Living will do our best to accommodate you in your building of choice, however, please be advised that being too selective may increase your wait time.*

Do you have a motorized mobility aid: Scooter Motorized wheelchair

Weight of aid: _____ **Length of aid:** _____ **Width of aid:** _____

Liability insurance: Yes No

Parking

Automotive parking spaces with Bridges Community Living are very limited and are issued on a first come first serve basis. Parking spaces will only be given to tenants with their own vehicles. Do you want to add your name to the parking waiting list?: **Yes** **No**

Have you rented accommodations from Bridges Community Living or Twilight Homes Foundation in the past? Yes No

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DECLARATION

**Dominion of Canada} In the matter of application for accommodation with Bridges
Community Living}**

I, _____ of the City of _____ in the province of
Alberta, do solemnly declare as follows:

1. That I am the applicant named in this application;
2. That the statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects and authorize Bridges Community Living or its agents permission to investigate any or all of the statements made by me in this application;

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

Declared before me at the City of _____ }

In the province of Alberta, this _____ day of _____ 20__.

Signature of Applicant

A Commissioner for Oaths in and for the
Province of Alberta

Printed name of Commissioner for Oaths

Appointment expiry date

**AUTHORIZATION FOR RELEASE OF INFORMATION
FROM THE MEDICAL REPORT**

I, _____ hereby authorize any physician, medical clinic or hospital, who has any records or knowledge of my health to provide full information to the Bridges Community Living, or any authority acting on their behalf.

Date: _____ Signature of Applicant: _____

Signature of Witness: _____

APPLICANT INFORMATION (PLEASE PRINT)

Last Name: _____ First Name: _____

How long has the applicant(s) been your patient?: _____

PHYSICIAN INFORMATION

Date: _____

Examining Physician: (Please print) _____

Clinic: _____

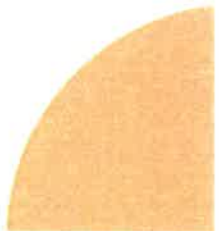
Clinic Address: _____

Phone _____

NOTE TO EXAMINING PHYSICIAN:

If this is a Lodge applicant; they must be able to feed themselves, get to meals and toilet independently. **The need for home care and other services MUST be arranged prior to admission.** Lodges do not provide any home care or medical services.

If this is an Apartment (Self Contained) applicant; they must be able to manage **ALL** day to day living needs on their own including scheduling home care and medical appointments.



#301, 4719 – 48 Avenue
RED DEER, AB T4N 3T1
FAX: 403-343-2332

Confidential Medication Information

LODGE

APARTMENT

Condition:

Is there any past or present evidence of:

Depression Yes No If yes, Mild Medium Severe

Cognitive Impairment: Yes No If yes, Mild Medium Severe

Alzheimer's Disease: Yes No If yes, Mild Medium Severe

Dementia: Yes No If yes, Mild Medium Severe

Mental Illness: Yes No If yes, Mild Medium Severe

Is the applicant being treated at this time: Yes No

Diabetes: Yes No If yes, Mild Medium Severe

Any significant impairment: _____

Insulin: Yes No Able to self-administer insulin: Yes No

Communicable Disease: Yes No Type: _____

Infectious Diseases/Antibiotic Resistant Diseases: Yes No Type: _____

Chronic Disease which would require special care: Yes No

Oxygen Required: Yes No If yes, Mild Medium Severe

Gastrointestinal: Yes No If yes, Mild Medium Severe

Bladder: Continent Incontinent Intermittent

Bowel: Continent Incontinent Intermittent

Catheter: Yes No

Colostomy: Yes No

Physical Disability: Yes No Describe: _____

Requires assistance transferring in & out of bed and to washroom: Yes No

Medical Overview:

Musculoskeletal: _____

Mental Health/Memory & Orientation: _____

Psycho – Social/Specific Behavior Disturbance: _____

Has the patient been hospitalized in the last 12 months? Yes No

If yes, Where, Why, How Often and Length of Stay: _____

Extra Assistance:

Is your patient on Home Care: Yes No

Does your patient require medication assistance: Yes No

Does your patient require a special diet: Yes No Diabetic* Cut up food*

*Please note, there are no dieticians on site, therefore special diets beyond these will have to be managed by the residents

Intellectual Level of Functioning:

Cooperative: Yes At times No

Aggressive: Yes At times No

Tendency to Wander: Yes At times No

Confused: Yes At times No

Destructive: Yes At times No

Unpleasant: Yes At times No

Violent Behavior: Yes At times No

Habits: Yes At times No

Do you consider your patient to be suitable both mentally and physically to enter a **LODGE** where NO special care, nursing care or special diets are available?

Yes No

Do you consider your patient to be suitable both mentally and physically to enter an **APARTMENT** where they are responsible for their own daily living needs such as cooking and cleaning?

Yes No

Will you be the attending Physician when the applicant moves into Bridges Community Living?

Yes No

Bridges Community Living - Self Contained Program

**#301, 4719 – 48th Ave, Red Deer, AB T4N 3T1
Phone: (403) 343-1077 Fax: (403) 343-2332**

Bridges Community Living manages subsidized self-contained senior citizen apartment buildings in Red Deer. This subsidized housing is for persons who are aged 65 years or over. (BCL manages one building of *Bachelor Units* for applicants 55 years or over).

All rents are subsidized by the Province of Alberta and in some cases by the Federal Government as well. The rent is charged at the rate of 30% of the tenant's gross monthly income.

The first four buildings listed below are located on the same block on Red Deer's South Hill. The City bus route runs along the west side of this block. Occupants of these buildings are able to tend a small garden plot in the summer if they wish.

BARRETT KIWANIS PLACE – 4809 – 34th Street – 108 Suites (65+ years)

A three-story apartment building containing three handicap suites. The building is equipped with an elevator, central lounge, hair salon and laundry facilities on each floor.

CANYON VIEW KIWANIS PLACE – 4727 – 34th Street – 41 Suites (65+ years)

This three-story apartment building contains two bachelor suites and three handicap suites. It is equipped with an elevator, large lounge recreation area, hair salon, and laundry facilities on each floor. Suites in this and the remaining buildings are about 500 square feet in area.

TWILIGHT KIWANIS COTTAGES – 4724 – 33rd Street – 8 Suites (65+ years)

Each unit has its own outside door and a small flower garden in front. Laundry facilities are provided

CENTENNIAL KIWANIS COURTS – 4702 – 33rd Street – 60 Suites (55+ years)

Bachelor type apartments – each about 300 square feet in area. Each unit has either a patio or a balcony. There is a large central lounge and laundry facilities are provided. Rent is charged at the rate of 30% of the tenant's gross monthly income less \$50.00.

FLEMING KIWANIS MANOR – 27 Patterson Crescent - 25 Suites (65+ years)

Pines Area. This two-storey building is equipped with an elevator, central lounge, and laundry facilities. The City bus route is about one block away.

WASKASOO KIWANIS TOWERS – 4810 – 54th Street – 112 Suites (65+ years)

Downtown area. This eight-story building contains four handicap units, two elevators, a hair salon, central lounge, and laundry facilities on each floor. The City bus route is less than half a block away.

****Please be advised that all of Bridges Community Living buildings are Smoke Free facilities.***

All units are supplied with a stove and refrigerator. Drapes are supplied -- and in some buildings -- blinds have been installed. We have a limited number of parking stalls with plug-ins available. The current monthly charge is \$20.00.

A monthly utility charge is added to the suite rental and it is currently set at \$45.00 per month. **It is subject to change. **A security deposit equal to one month's rent is required.**

Telephone charges and cable television are the responsibility of the tenant.

It is imperative that tenants secure an adequate "Renter's Package" from their insurance company upon taking possession of their suite.

All applications for these subsidized apartments must be signed before a Commissioner for Oaths. Our office staff is able to provide this service for you. We require documentary evidence (photocopies) of the income that you receive. At this time, we are using the current year's Income Tax Return and Notice of Assessment as income verification.

After the application has been received, it is rated according to a point system. Points are given depending on the applicant's present housing situation, financial need, and other considerations. The greater number of points allocated, the greater the applicant's need for subsidized housing. When a suite becomes vacant, the application with the greatest number of points is given the first opportunity to secure the suite. Suites are not rented on a "first come, first served" basis -- **Our criteria** -- The applicant's need for adequate and affordable housing.

Our waiting list is quite extensive at this time -- requiring an average waiting period of approximately six months. You are welcome to contact us after that time to confirm your continuing need for housing and to check on your status.

Applicants should be aware that in order to qualify, they must be self-reliant and able to meet their own daily needs. **IT SHOULD BE CLEARLY UNDERSTOOD THAT NO STAFF MEMBER MAKES A DAILY CHECK ON THE TENANTS.** A "Buddy System" has been set up so that residents can keep an eye on each other. Of course, for this system to work effectively, each tenant must be willing to cooperate fully.

If you would like an Application Form you can pick one up personally or have one mailed out. Our office is located at #301, 4719 -- 48th Ave, Red Deer, AB T4N 3T1. If you have any questions, please contact the office at 403-343-1077.

Our office is open Monday to Friday from 8:00 a.m. -- 4:00 p.m.

**Bridges Community Living
Self Contained Program**

BRIDGES COMMUNITY LIVING SELF CONTAINED HOUSING



BARRETT KIWANIS PLACE (108 UNITS)
4809 – 34TH STREET, RED DEER
(65 PLUS)



CANYON VIEW KIWANIS PLACE (41 UNITS)
4727 – 34TH STREET, RED DEER
(65 PLUS)



TWILIGHT KIWANIS COTTAGES (8 UNITS)
4724 – 33RD STREET, RED DEER
(65 PLUS)



CENTENNIAL KIWANIS COURTS (60 UNITS)
4702 – 33RD STREET, RED DEER
BACHELOR UNITS (55 PLUS)



FLEMING KIWANIS MANOR (25 UNITS)
27 PATTERSON CRESCENT, RED DEER
(65 PLUS)



WASKASOO KIWANIS TOWERS (112 UNITS)
4810 – 54TH STREET, RED DEER
(65 PLUS)