

## 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 Piper Creek Foundation 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 Piper Creek Foundation 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 #: \_\_\_\_\_

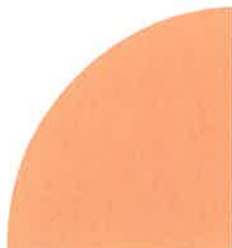
Are you a:    Canadian Citizen       Landed Immigrant

Other: \_\_\_\_\_

Length of residence in Canada: \_\_\_\_\_ yrs    In Alberta \_\_\_\_\_ yrs

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

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



**APPLICATION FOR ACCOMMODATION – PAGE 2**

**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

## APPLICATION FOR ACCOMMODATION – PAGE 3

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

- Barrett Kiwanis Place     Canyon View Kiwanis Place     Centennial Kiwanis Courts  
 Crimson Villas     Fleming Kiwanis Manor     Waskasoo Kiwanis Towers

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

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*\*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

**APPLICATION FOR ACCOMMODATION – PAGE 4**

**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: \_\_\_\_\_

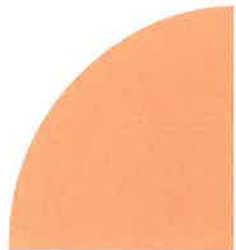
Clinic Address: \_\_\_\_\_

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 12months?  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 – 48<sup>th</sup> 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 three 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 – 34<sup>th</sup> 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 – 34<sup>th</sup> 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.

### **CENTENNIAL KIWANIS COURTS – 4702 – 33<sup>rd</sup> 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.

### **CRIMSON VILLAS – 4736 – 30<sup>th</sup> Street – 65 Lodge Suites & 25 Self-Contained Suites (65+ years)**

This three-story brand new 1-bedroom suite lodge & apartment building contains full kitchens and barrier free bathrooms. There are also nine barrier free suites in this innovative approach. It is equipped with two elevators, large lounge recreation areas, exercise room, family dining room, hair salon, and laundry facilities on each floor.

### **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 – 54<sup>th</sup> 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 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 – 48<sup>th</sup> 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)



**CRIMSON VILLAS (65 LODGE &  
25 SELF – CONTAINED UNITS)**  
4736 – 30TH 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)