



LODGE FORMS

Alpine Summit Seniors Lodge, Jasper

Parkland Lodge, Edson

Pine Valley Lodge, Hinton

Sunshine Place Lodge, Evansburg

Whispering Pines Lodge, Grande Cache



Admission Process

Lodge Application Process & Basic Eligibility Requirements:

- Applicants must be able to care for himself/herself individually or with minimal support from family or home care.
- Applicants must be at least 65 years of age or older. *In exceptional circumstances The Board may consider a younger applicant on an individual basis.*
- Applicants must have lived in contributing municipalities for one (1) year prior to application or any cumulative ten-year span. Note: under special circumstances, The Evergreens Foundation may waive the Residency Requirement and accept a senior citizen who needs to live closer to the family or children if there are vacancies in the facility and no other eligible applicants from The Evergreens Foundation are on the waitlist; and the applicant meets all the basic eligibility criteria
- Applicants to the Alpine Summit Seniors Lodge in Jasper must note that The Evergreens Foundation must abide with the Lease and License of Occupation Regulations mandate set by Parks Canada. This lease is amended from time to time.
- Those with higher care needs must be approved through Alberta Health Services' placement process. Please speak to the Resident Coordinator as this does not apply to all of our lodges.
- Applications are processed in a timely fashion and prioritized on a "point scoring" basis. Admission is not first come, first served, but based on highest need.
- Approval for admission rests with the CAO
- A personal interview with the Resident Coordinator or his/her designate must be arranged prior to being added to the wait list. This process allows the applicant to tour the lodge facilities and to ask questions regarding operations and complete any remaining paperwork.
- Once the application is complete an intake interview must be scheduled with the Resident Coordinator. You will not be placed on the wait list until this intake interview is complete.

Out of Province Applications:

The Evergreens Foundation will process an out of province application for lodge tenancy providing the following criteria have been met:

- A member of the immediate family resides within The Evergreens Foundation boundaries; immediate family is classified as a parent, child or sibling.
- The applicant complies with all other criteria of The Evergreens Foundation



Admission Documentation Checklist

A prospective resident must complete and submit the following forms from this package to the Resident Coordinator of the facility to which they are applying:

- Application for Admission Form
- Payment of Accommodations page
- Basis of Occupancy Disclaimer
- Copy of current Notice of Assessment
- Responsible Relative/POA form signed
- Your Legal Matters
- Consent to Release Personal Information- Health Authority
- Medical Examination Report, completed and authorized
- Specific information as identified by the Resident Coordinator

Please Note:

An intake interview will not be scheduled until all supporting documentation has been submitted



Application for Admission

NAME:

Surname	First	Initial
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ADDRESS:

Street/Post Office Box	Town/City	Postal Code
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EMAIL ADDRESS: _____

TELEPHONE: _____

Home	Cell
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BIRTH DATE: _____

ALBERTA HEALTH CARE NUMBER: _____

MARITAL STATUS: Single Married Widowed Divorced

LENGTH OF RESIDENCY:

(Number of years)

- In Canada _____ In Yellowhead County _____ In Other Country _____
- In Alberta _____ In Parkland County _____
- In Municipality _____ In MD of Greenview _____

ARE YOU A SMOKER? YES/NO (please circle one)

ARE YOU ABLE TO INDEPENDENTLY TRAVEL TO AND FROM THE DESIGNATED SMOKING AREA?

YES/NO (please circle one)

All our lodges are smoke-free but we offer designated outdoor smoking areas

In Case of Emergency Contact:

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ SECOND PHONE: _____

EMAIL ADDRESS: _____

COMPLETE ADDRESS: _____

Street/Post Office Box

Town/City

Province/Postal Code

DOES YOUR EMERGENCY CONTACT PERSON ALSO ASSIST WITH YOUR FINANCIAL MATTERS?

YES/NO (please circle one)

If NO, Please state contact for all Financial Matters

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ SECOND PHONE: _____

EMAIL ADDRESS: _____

COMPLETE ADDRESS: _____

Street/Post Office Box

Town/City

Province/Postal Code

Payment of Accommodations:

WILL THE APPLICANT MEET THE COST OF RENT FROM HIS/HER OWN RESOURCES?

YES NO DON'T KNOW (please circle one)

If **NO**, the resident coordinator will want to verify your current resources of income and identify whether all sources of financial assistance have been utilized.

If you need more information about rental costs, please meet with the resident coordinator. Your most current Notice of Assessment must be available for the resident coordinator to provide you with an accurate estimate.

We required that you provide a copy of a *current* Notice of Assessment from Revenue Canada before processing your application. The Notice of Assessment is sent to every tax filer upon completion of the person income tax form. Furthermore, this will be required for every year of occupancy. The authority to collect this information is granted to The Evergreens Foundation by Ministerial Order from the Province of Alberta and is done in compliance with the *Freedom of information and Privacy Act* s.34(2). The information is used in determining eligibility for grant funding and calculation of rental costs.

PLEASE SPECIFY THE AMOUNT STATED ON LINE 150 OF YOUR MOST RECENT "NOTICE OF ASSESSMENT"

\$_____

DO YOU RECEIVE ALBERTA SENIORS BENEFIT?

YES NO (please circle one)

ARE YOU A VETERAN? HAVE YOU APPLIED FOR VETERAN'S AFFAIRS BENEFITS?

YES NO (please circle one)

Please completed the next section if you ARE currently Married or Separated:

DO YOU AND YOUR SPOUSE "PENSION SPLIT" WHEN SUBMITTING YOUR INCOME TAX TO REVENUE CANADA?

YES NO (please circle one)

DOES YOUR SPOUSE RECEIVE THE ALBERTA SENIORS BENEFIT?

YES NO (please circle one)

HAVE YOU AND YOUR SPOUSE APPLIED FOR AN "INVOLUNTARY SEPARATION"?

YES NO (please circle one)

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 application of The Evergreens Foundation Lodge Program. Personal Information contained herein may be disclosed if deemed necessary to assess eligibility of applicants. For further information, please contact the FOIP Coordinator for The Evergreens Foundation AT 1-877-265-5444



Basis of Occupancy Disclaimer

I, the Applicant, by signing this declaration, understand, acknowledge and agree to the following conditions related to my occupancy at the lodge, should my application be accepted.

- That I have received a copy of The Evergreens Foundation Terms of Occupancy and the attachments which, together with the Application for Occupancy, form the basis of my occupancy at the lodge. I shall abide by the provisions, rules and regulations thereof and any changes therein which are brought to my attention in written form. I hereby explicitly waive any right I may have at law to approve or consent to any such further changes;
- That the relationship between the lodge and myself is that of licensor/licensee and my interest in the lodge is that of a mere licensee, boarded or lodger;
- That I shall provide an up to date Medical Certificate in the prescribed form prior to my admission to the lodge. Further, throughout my course of tenancy in the lodge I agree to meet with authorized Alberta Health Services (AHS) professionals for the purpose of re-evaluating my healthcare and support needs. My personal information specific to my housing needs may be shared between AHS and The Evergreens Foundation.
- That if management and/or Alberta Health Services deem that my physical or mental needs have changed, I may be asked to move to another area of the lodge, or to another facility which provides the level of care required.

SIGNATURE OF APPLICANT/GUARDIAN

DATE

If you have any questions about this collection, please contact the FOIP Coordinator at The Evergreens Foundation Head Office. 101 Athabasca Ave, Hinton or call 1-877-265-5444



Responsible Relative/Legal Guardian/Power of Attorney

This sheet is **NOT** to be filled out by the applicant. It is to be completed by the family member or designated person responsible for the ongoing care of the applicant.

I understand that The Evergreens Foundation is not a Long-term Care Facility. It has been explained to me and the applicant named herein that if the applicant's physical or mental health should fail to the extent that they cannot continue to be safely housed at this Lodge (in the opinion of management) that I must cooperate in finding more suitable accommodations for the applicant. The Evergreens Foundation will provide direction and support in locating appropriate accommodations; however, the responsibility for finding and applying for such accommodation are ultimately mine. It has been explained that this could result in me taking the individual to my home until more appropriate accommodations become available.

Further, I understand that The Evergreens Foundation does not employ nursing staff. If the named applicant is not able to access Home Care for personal care needs beyond their own ability, this care becomes the responsibility of the family or legal guardian. The resident coordinator has explained what these needs could be and I am willing to ensure that all personal care supports are in place.

As per Emergency Personnel, please ensure Green Sleeve information including current medication list is updated annually.

This agreement comes into effect as soon as the applicant takes residency in the lodge. Only family or a person with legal authority to act on the Applicant's behalf may sign this form.

I, _____, have accepted the responsibilities outlined above on Behalf of Applicant _____.

Dated this _____ day of _____ 20__.

Phone Number: _____ 2nd Phone Number: _____

Address: _____

In my Absence, please contact: Name: _____

Phone Number: _____ 2nd Phone Number: _____

Address: _____

Relative Signature

Witness Signature

Please do not hesitate to contact the lodge manager with any questions or concerns

Your Legal Matters

DOES THE APPLICANT HAVE A LEGAL GUARDIAN IN PLACE? (One who is responsible for the well being of an adult over the age of 18 who has been determined to not have the capacity to make decisions for themselves.)

YES NO (please circle one)

DOES THE APPLICANT HAVE A TRUSTEE? (When you become a trustee, the court gives you legal authority to make financial decisions for the individual.)

YES NO (please circle one)

If the answer is **YES** to either of the above questions, the resident coordinator will need to discuss the nature of the relationship and have supporting documentation provided

DOES THE APPLICANT HAVE A LEGALLY APPOINTED EXECUTOR NAMED? (A person or institution appointed by an individual to carry out the terms of that individual's will after death.)

YES NO (please circle one)

Executor:

NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____

SIGNATURE OF APPLICANT/GUARDIAN

DATE



Consent for Release of Personal Information

I, _____, do hereby authorize The Evergreens Foundation to

Applicant

Discuss and/or release any of my personal information in regard to my continued suitability and eligibility for tenancy, as well as any concerns regarding my day to day well-being, while a tenant at one of the facilities managed by The Evergreens Foundation with my _____;

Power of Attorney, Legal Guardian etc.

Namely, _____ who resides at _____

Personal Name

Mailing Address

And whose phone number is _____ and email address is _____.

Phone Number

Email Address

If you require more space to list additional contacts, please make copies of this page and complete fully.

I understand that my consent to the above disclosures is voluntary. My consent will remain in effect only for the period during which I am a resident. I understand that I may change or withdraw my consent at any time by giving written notice of the change or withdrawal to the resident coordinator.

Signed this _____ day of _____, 20____.

SIGNATURE OF RESIDENT/TENANT

SIGNATURE OF WITNESS

(Cannot be person named above)

