



Forms

Designated Supportive Living Level 3 & 4

Alpine Summit Seniors Lodge, Jasper (Level 3 & 4)
Parkland Seniors Lodge, Edson (Level 3)
Whispering Pines Seniors Lodge, Grande Cache (Level 3 & 4)

Admission Process

Eligibility:

An individual may start the application process with either The Evergreens Foundation or the Healthcare system. The Resident Coordinator meets regularly with Alberta Health Services (AHS) representative to discuss applications for **Level 3 & 4**. AHS do all health assessments for placement in Level 3 & 4.

Applicable to Alpine Summit Seniors Lodge, Jasper only: Parks Canada has set its own criteria for residency within the Town of Jasper. Parks eligibility criteria is required to be completed along with this application and must be validated by the Resident Coordinator before admission is permitted. If Seton Healthcare Centre recommends placement and the individual meets Parks Canada criteria, The Evergreens Foundation will proceed with the application process.

Please contact the Healthcare Centre Manager, for more information on DSL placements.

Admission Documentation

1. 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 Form (pages 3-5)
 - Basis of Occupancy Disclaimer (page 8)
 - Your Legal Matters (page 9)
 - Responsible Relative/Guardian Form (page 10)
 - Proof of Executor
2. Applications are processed in a timely fashion and prioritized.
3. Approval for admission rests with the CAO. Declined applications may be presented to the Board of Directors for ratification or appeal.
4. A personal interview with the Resident Coordinator or his/her designate must be arranged prior to admission. This process allows the applicant to tour the Lodge facilities and to ask questions regarding operations.

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.

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)

RENTAL RATES:

All Supportive Living Residents are charged the Continuing Care Rate set by the Government of Alberta.

The Evergreens Foundation applies on behalf of the SL resident to Alberta Seniors Benefits for the resident to receive the Supplementary Accommodations Benefit. **If you have not applied for Alberta Seniors Benefits, please do so immediately.** If the Resident qualifies, the supplement will be paid with their Alberta Seniors Benefits. This supplement is available to residents of a low to moderate income. The criteria and the amount supplemented are fully determined by the Provincial Government.

Completion of an assessment by Alberta Health Services (all SL3 & 4 spaces) and compliance with Parks Canada Residency Requirements (ASSL, Jasper only) is required before Admission will be approved.

Signature of Applicant

Signature of Witness

Date

Date

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.

1. That I have received a copy of The Evergreens Foundation Terms of Occupancy and its 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, and I hereby explicitly waive any right I may have at law to approve or consent to any such further changes;
2. That the relationship between the lodge and me is that of licensor/licensee and my interest in the lodge is that of a mere licensee, boarder or lodger;
3. 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.
4. 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 care required.
5. That I hereby forever discharge from any and all actions or suits arising out of my occupancy at their lodge of whatsoever nature and kind, excepting those caused by gross negligence, The Evergreens Foundation, its employees and agents, and the Government of Alberta.

Signature of Applicant/Guardian

Date

If you have any questions about this collection, please contact the FOIP Coordinator at the main office, located at 101 Athabasca Ave, Hinton or call (780) 865-5444 or toll free 1-877-265-5444 Monday through Friday between 8:30 am and 4:30 pm.

Your Legal Matters:

Does the Applicant have a **Legal Guardian** in place? YES NO

Does the Applicant have a **Trustee**? YES NO

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

Does the Applicant have a **legally appointed Executor** named? YES NO

Executor:

NAME:

MAILING ADDRESS :

EMAIL ADDRESS (If Applicable):

PHONE:

Signature of Applicant

Date

THE EVERGREENS FOUNDATION
Responsible Relative/Guardian Form

I, _____, being the responsible relative/Guardian of the Applicant,
Name of Responsible Relative/Guardian

_____, do hereby agree that:
Name of Applicant

The applicant require any higher level of care as stated by Alberta Health Services and / or The Evergreens Foundation, full cooperation will be given to have the applicant vacate the premises as soon as requested to do so

And

If the applicant requires any special care products or personal supplies not covered by Alberta Health Services (AHS), I will provide such in a timely manner to the applicant upon his/her acceptance to the designated supportive living space and throughout his / her residency therein.

As per Emergency Personnel, the Green Sleeve information will be filled out in full and updated annually.

If I have not supplied all the necessary products, AHS may at their discretion purchase such items and bill directly to the resident / guardian.

Further, as the responsible relative / guardian, I will ensure that rental payments will be made on or before the first of each month.

RENT WILL BE PAID BY:(check one option below)

Post-dated cheques

Automatic Withdrawal

Other: _____

Dated this _____ day of _____ 20_____

Phone Number: _____ 2nd Phone Number: _____

Address: _____

In my Absence, please contact:

Name: _____

Phone Number: _____ 2nd Phone Number: _____

Address: _____

Signature of Responsible Relative / Guardian

Signature of Witness