



## **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 lodge manager meets regularly with Alberta Health Services (AHS) representative to discuss applications for **Level 3 & 4. AHS** does 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 Lodge Manager 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 Lodge Manager of the facility to which they are applying:
  - Application Form (pages 3-5)
  - Basis of Occupancy Disclaimer (page 7)
  - Your Legal Matters (page 8)
  - Responsible Relative/Guardian Form (page 9)
  - ERS Agreement (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 Lodge Manager 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.

**PLEASE ENSURE YOU HAVE THE MOST RECENT VERSION OF THE FORMS PACKAGE.**  
**IT CAN BE OBTAINED FROM THE LODGE MANAGER OR ON OUR WEBSITE AT**  
**[www.evergreensfoundation.com](http://www.evergreensfoundation.com)**



## Application for Admission

*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 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.*

NAME:

\_\_\_\_\_  
*Surname First Initial*

ADDRESS:

\_\_\_\_\_  
*Street/Post Office Box No. Town/City Postal Code*

TELEPHONE:

ALBERTA HEALTH CARE NUMBER:

BIRTH PLACE:

BIRTHDATE:

*(DD/MMM/YYYY)*

MARITAL STATUS:

Single  Married  
 Widowed  Divorced

LENGTH OF  
RESIDENCE:

1) In Canada \_\_\_\_\_ 2) In Alberta \_\_\_\_\_  
 3) In Municipality \_\_\_\_\_ 4) other country \_\_\_\_\_

Are you a smoker? **Yes / No**

If yes, are you able to travel to and from the outside designated smoking area?

Without Assistance

With Assistance

**IN CASE OF EMERGENCY CONTACT:**

NAME:

RELATIONSHIP:

HOME PHONE:

SECOND PHONE:

EMAIL ADDRESS (If Applicable):

COMPLETE ADDRESS:

\_\_\_\_\_  
*STREET/PO Box No.*

*CITY*

*PROVINCE*

*POSTAL CODE*

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**CONTACT PERSON FOR *BUSINESS* MATTERS**

NAME:

RELATIONSHIP:

HOME PHONE:

SECOND PHONE:

EMAIL ADDRESS (If Applicable):

COMPLETE ADDRESS:

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*STREET/PO Box No.**CITY**PROVINCE**POSTAL CODE*

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**INCOME:**

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.

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**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.**

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\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Applicant/Guardian

\_\_\_\_\_  
Date

**Questions you may wish to ask:**

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### **Basis of Occupancy Disclaimer**

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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.

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Signature of Applicant/Guardian

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Date

If you have any questions about this collection, please contact the FOIP Coordinator at the main office, located at 102 Government Road, 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:**

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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.

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

### **Executor:**

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*NAME:*

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*MAILING ADDRESS:*

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*EMAIL ADDRESS (If Applicable):*

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*PHONE:*

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Signature of Applicant

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Date



**THE EVERGREENS FOUNDATION**  
**Responsible Relative/Guardian Form**

I, \_\_\_\_\_, BEING THE RESPONSIBLE RELATIVE/GUARDIAN  
*Name of Responsible Relative/Guardian*

OF THE APPLICANT, \_\_\_\_\_, DO HEREBY AGREE THAT SHOULD  
*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.

IF I HAVE NOT SUPPLIED ALL 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:

Post-dated cheques     Automatic Withdrawal     Other: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

**WITNESS:**

**RESPONSIBLE RELATIVE/GUARDIAN:**

\_\_\_\_\_

\_\_\_\_\_

