Independent Living Housing Application
Peter Dawson Lodge

Date:

614-1st Street North
Vulcan, AB T0L 2B0
403-485-2422, 403-485-2393(F)
www.marquisfoundation.ca
Email: cao@marquisfoundation.ca

Residency Requirement
To be eligible for Lodge Accommodation, you must be 65 and have lived in Vulcan County for the past 6 months.

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

- Complete ALL questions, supplying ALL the requested information as applicable to the household.
- Your completed application MUST be signed in the presence of a witness or family member and a they must be willing to be on record for support should Applicant need assistance.
- The Application will be processed only when the application has been completed in its entirety and all supporting documents have been received. Once Application is submitted and reviewed, you will be contacted for the by a Manager and notified of addition to waitlist. Along with the application, you are required to provide the following:

Document Checklist: Please include all documents listed:	**Basic General Requirements for Admission:**
☐ Current Income Tax Notice of Assessment Line 15000.	☐ Applicants must be physically and mentally independent.
☐ If income has changed substantially in the past year, three current months of bank statements.	☐ Applicants must be physically able to attend dining room unassisted for 3 daily meals.
☐ Recent Completed Medical Assessment by a Physician.	☐ No Smoking in Lodge, Rooms or entry.
☐ Birth Certificate.	☐ Local applicants will be considered first.
☐ Alberta Health Care Card.	☐ Married Couples are accepted and if available, joining rooms are an option.
☐ Mental health/addictions written confirmation by medical doctor indicating current status.	☐ No Pets are permitted to reside in the Lodge ☐ Strict Alcohol Policy is in effect.

	Full Last Name	Given Name	Middle Name		D.O.B. (MM/DD/YY)
Applicant:					

Street Address:	(Municipal Address-Unit Number, Street, Avenue)	
Mailing Address:	(Mailing Address, if different from above)	
Home Telephone:		**Cell:**
Is there a Co-Applicant? Y / N	**Residency in the County of Vulcan: Y / N** **Years:**	**Email Address:**
If yes, please complete a separate application.	**Length of time in current residence (years):**	**Years of Residency in Alberta:**
Marital Status:	☐ **Married** ☐ **Single** ☐ **Separated** ☐ **Widowed** ☐ **Divorced** ☐ **Common-Law**	
Do you receive Alberta Seniors Benefits: Yes ____ No _____	**Religion:**	

Are you a Canadian Citizen? **If no, provide copies of immigration papers for members who are not Canadian Citizens.**	☐ **No** ☐ **Yes**

I Currently: Live alone: Y/N Live with others: Y/N
My Home: Meets My Needs Y/N Does not meet my needs and is a hardship for me: Y/N

Self Management:

Do you presently receive Home Care services: Y /N	☐ **Medication Assistance** ☐ **Bathing Assistance** ☐ **Dressing Assistance** ☐ **Hearing Aide Assistance** ☐ **Wound Care**
	Languages Spoken:
Level of Mobility:	☐ **Unaided** ☐ **Cane** ☐ **Walker** ☐ **Wheelchair** ☐ **Scooter**
Personal Care and Hygiene	☐ **Without Assistance** ☐ **Require Assistance** ☐ **Shower** ☐ **Bath**

Medication:	☐ **Able to manage on own**	☐ **Difficulty Remembering, need assistance**
Comments:		

Nutrition: **Are needs being met?**	**☐ Yes**	**☐ No Comments:**	
Household Activities: **Are you able to do unassisted?**	**☐ No** **☐ Yes**	**☐Shopping, ☐Laundry, ☐Housekeeping**	**Comments:**
Social and Community:		**☐ Prefer to be by myself most of the time:**	**☐ Currently like to participate in outside activities and events.**
Comments:			

Physician:					
Last Name:		**First Name:**			
Address:		**Telephone & Email:**			**Length of time as your Physician:**
Town / City:					**Date of last Physical:**

Additional Contacts: (Person(s) to be notified in case of emergency and that you authorize to have access to your personal financial and medical information)

Emergency and Other Contacts - may include relatives, next of kin, friends who are not living with you.

Contact 1:	**Last Name:**	**Given Name:**	**Relationship:**
Mailing Address:		**Email:**	**Home Phone:**
Street Address: **Town / City:**			**Cell Phone:**
***Do you authorize Marquis Foundation to contact this person*: Y / N**			
Contact 2:	**Last Name:**	**Given Name:**	**Relationship:**
Mailing Address:		**Email:**	**Home Phone:**
Street Address: **Town / City:**			**Cell Phone:**
***Do you authorize Marquis Foundation to contact this person*: Y / N**			

Contact 3:	**Last Name:**	**Given Name:**	**Relationship:**
Mailing Address:		**Email:**	**Home Phone:**
Street Address: **Town / City:**			**Cell Phone:**

***Do you authorize Marquis Foundation to contact this person*: Y / N**

I/We _____ **, of the** _____

Of _____ **In the Province of Alberta, to solemnly declare as follows:**

1. **That I/We am/are the applicant(s) named in the said application;**
2. **That I/We have resided in the Province of Alberta for** _____ **years of my/our life/lives and in the district for** _____ **Years;**
3. **I/We understand that this application does not constitute an agreement on the part of the Marquis Foundation, or its agents, to provide me with accommodation;**
4. **I/We further agree that I/We am/are obligated to advise the Marquis Foundation, or its agents, in writing, or any changes in family composition, gross family income, assets, employment or change of address, should they occur; and**
5. **The personal information collected through this application form is for the purpose of assessing your suitability for housing services with the Marquis Foundation. This collection is authorized under section 4(c) of the Protection of Privacy Act, as it relates directly to and is necessary for an operating program of the public body. For questions about the collection of personal information, contact cao@marquisfoundation.ca**

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

Signature of Applicant

(All applicants must sign and submit application)

MARQUIS FOUNDATION