

Application for Residency

**BATTLE RIVER FOUNDATION**

**429 5 AVE**

**WAINWRIGHT AB T9W 2R1**

E-mail address: info@battleriverlodge.ca

Office phone: 780-842-3630

Fax number: 780-842-6664

Office hours: 7:30 a.m.– 4:00 p.m. Monday to Friday excluding holidays

**BATTLE RIVER LODGE**

**WELCOME TO THE BATTLE RIVER LODGE**

The Battle River lodge is a Senior Citizens home that officially opened in 1958.

The Battle River Foundation is a non-profit organization which focuses on providing residents with an affordable facility as well as programs that promote choice, independence, and healthy living.

Residents must be functionally independent and medically stable, as no medical care is available from Lodge employees. In certain circumstance, consideration is given to younger individuals.

**The Battle River Foundation is supported by**:

The Town of Wainwright

M.D. of Wainwright #61

Villages of Irma, Edgerton, Chauvin

**LODGE ACCOMODATIONS**

Basic furnishings are provided and we encourage residents to bring in some of their own furniture.

**FOOD SERVICES**

The Lodge provides three meals everyday at pre-set times. Meals are served from a steam table in the central dining room.

Individual diet monitoring is not available. Guests of residents are welcome to have meals for a nominal fee. Beverages and light snacks are available at all times from the kitchenettes.

**HOUSEKEEPING**

The Lodge provides the following housekeeping services:

Basic room cleaning and personal laundry once per week

Bedding and towels changes once per week

Coin operated laundry machines are available for resident’s own use

**SOCIAL AND RECREATION**

The Lodge is staffed with an Activity Coordinator who arranges exercise programs, crafts, outings, and other activities, which foster the residents continued involvement in family and community life. Many service groups and individuals volunteer their time for a variety of programs. The Lodge has a 14 passenger bus to accommodate residents for day trips.

**SECURITY**

The Lodge takes all reasonable measures to safeguard the security and safety of the residents. This includes 24-hour non-medical staff, alarmed security doors and occasional courtesy checks. Lodge staff cannot and will not guarantee that residents will be individually monitored or supervised. The Lodge is the resident’s home where freedoms and privileges of home are respected.

**PERSONAL CARE**

The Battle River Foundation does not provide personal care services. These services are available through the AHS Home Care Program.

**TRANSPORTATION**

Residents are responsible for arranging their own transportation outside the Lodge.

**PARKING**

 Limited parking stalls with plug-ins are available for residents. A parking fee of $25.00 per month is charged by direct debit.

**RENT CHARGES**

Rental rates are geared to income in accordance with line 150 of the applicant’s personal income tax assessment. Basic rent is:

$\_\_\_\_\_\_\_\_\_\_\_\_ 266 sq ft room (rm #s 105 – 221)

$\_\_\_\_\_\_\_\_\_\_\_\_ 288 sq ft room (rm #s 400 – 518)

$\_\_\_\_\_\_\_\_\_\_\_\_ 322 sq ft room (rm #s 301 - 320)

Depending on income, a surcharge may apply. Upon approval for residency at the Lodge, the applicant must complete the required forms. Rent is collected by direct debit. Each resident is given a Resident Handbook when they have accepted a room.

**BATTLE RIVER FOUNDATION**

**REQUIREMENTS**

**APPLICATION FOR RESIDENCY**

1. Applicants must complete the Application for Admission and return it to the lodge and have a Doctor complete the Medical Form. The Doctor will mail the Medical Report to the lodge.
2. Once the medical report is returned to the lodge, the applicant will be contacted for an appointment for a priority rating interview with administration.
3. Following the interview, the applicant will be notified as to whether he/she has met the eligibility criteria of the Battle River Foundation.
4. Before moving in, the applicant must provide the Lodge with his/her most recent income tax assessment that shows line 150.

**5.0** If the applicant cannot move into the lodge because of temporary hospitalization, the applicants name will be kept at the top of the list when substantiated by a Doctor’s certificate.

**6.0** Once an applicant accepts a room he/she will be required to pay $400.00 deposit that will hold the room for twenty-five days.

**7.0** Once the room is ready for occupancy, applicants are required to be living in the lodge (eating and sleeping) within 60 days of acceptance or their residency will be voided.

**8.0** If an applicant refuses accommodation when contacted that a room is available, their application will be destroyed. Should the applicant wish to re-apply, a new application, along with a new medical form, must be submitted.

**APPLICATION FORM**

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Phone: 780-842-3630

Fax: 780-842-6664

info@battleriverlodge.ca

**PLEASE PRINT ALL ANSWERS ~ INFORMATION IS KEPT CONFIDENTIAL**

**FULL NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(preferred name\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postal Code** \_\_\_\_\_\_\_-\_\_\_\_\_\_\_

**PHONE**: (h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Marital Status**: Married \_\_\_\_\_ Widow \_\_\_\_\_ Single \_\_\_\_

**PHC#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived in the MD of Wainwright? \_\_\_\_\_\_\_ years

Does your total annual income exceed **$29,250.00?** (from last year’s Notice of Assessment) Yes\_\_\_ No\_\_\_\_

Do you receive Alberta Seniors Benefit? Yes\_\_\_ No\_\_\_\_

Are you a Home Care Client? Yes\_\_\_ No\_\_\_\_

Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ph)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a preference of what wing you would like to reside in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 100 east \_\_\_ 100 center \_\_\_ 200 wing \_\_\_ 300 wing \_\_\_ 400 wing \_\_\_ 500 wing \_\_\_

**1st CONTACT INFORMATION**: (**Person most responsible)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_-\_\_\_\_\_\_

Phone: (h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd CONTACT PERSON**: (**To be called if no response from above person)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_-\_\_\_\_\_\_

Phone: (h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of** **Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Move in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Move out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Priority Rating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Battle River Lodge

Resident Application

**Re: Medical Report**

To the attending Physician;

This applicant is being considered for accommodation at the Battle River Lodge.

Successful applicants will be in good physical and mental health, and must be functionally independent.

Please note - the Lodge is not a health care facility; personal care assistance, or nursing care is not provided by Lodge staff.

Home Care is able to provide minimal assistance with personal care and medications.

If you have any questions regarding the Lodge eligibility criteria please contact the administration office of the Battle River Lodge at 780-842-3630.

Please complete the medical form, mark and mail or fax to:

**Battle River Foundation**

**429 5 Ave**

**Wainwright AB T9W 2R1**

**Fax 780-842-6664**

info@battleriverlodge.ca

Any charges for the completion of this Medical Certificate for the applicant are the responsibility of the applicant.

**BATTLE RIVER LODGE MEDICAL FORM**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Physician to release**

 **Name (please print)**

**medical information to Battle River Foundation.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Applicant Date**

**To be completed by physician:**

**Name of Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_ **Date of Examination**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long has the applicant been your patient?** \_\_\_\_\_\_

**Can the applicant attend to his/her own personal needs**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Does the applicant suffer from any communicable disease whereby their presence in the Lodge would jeopardize the physical welfare of other residents or staff?** \_\_\_\_\_\_\_\_\_\_

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the applicant diabetic? \_\_\_\_\_\_\_\_\_\_ Does the applicant use oxygen? \_\_\_\_\_\_\_\_\_

If yes, can the applicant manage his/her own equipment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the applicant able to administer his/her own medications safely?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the appropriate answer:**

Hearing: good \_\_\_\_\_\_ impaired \_\_\_\_\_\_ hearing aid\_\_\_\_\_

Communication: good \_\_\_\_\_\_ impaired \_\_\_\_\_\_

Vision: good \_\_\_\_\_\_ impaired \_\_\_\_\_\_

Mobility: cane \_\_\_\_\_\_ walker \_\_\_\_\_\_ wheelchair \_\_\_\_\_

**Does applicant have?**

 Bladder incontinence \_\_\_\_\_\_\_\_\_\_\_\_ Bowel incontinence \_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, is applicant able to look after their own incontinence needs?

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**Does applicant have allergies**?\_\_\_\_\_\_\_ **If yes, please list**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please give a short resume of applicant’s medical history**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What is the applicant’s mental status? (**Please write “yes” or “no”)

Cooperative \_\_\_\_\_\_\_\_\_\_\_ Confused \_\_\_\_\_\_\_\_\_\_\_\_\_

Cognitively aware \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signs of Senility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give a short resume of applicant’s mental status:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you consider the applicant to be suitable mentally and physically to reside in a senior’s lodge where NO SPECIAL NURSING CARE is available? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_**

 (Residents are responsible for arranging services through the Home Care Program)

**Does the applicant require unscheduled nursing care between the hours of 10:00 pm and 7:00 am? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Physician’s Signature DATE**

**Physician’s stamp**

**INFORMATION WILL BE KEPT CONFIDENTIAL**

**Please send this completed medical report to:**

Battle River Lodge

429 5 Ave

Wainwright AB T9W 2R1

**Fax 780-842-6664**