



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 – 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 Foundation 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.

HOUSEKEEPING

The Foundation provides the following housekeeping services:

Basic room cleaning, Personal Laundry once per week

Bedding changes and towels changes once per week

Coin operated laundry machines are available for resident's 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 Foundation 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. The 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 Home Care Program.

TRANSPORTATION

Residents are responsible for arranging for 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

- 1.0** 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.
- 2.0** Once the medical report is returned to the lodge, the applicant will be contacted for an appointment for a priority rating interview with administration.
- 3.0** Following the interview, the applicant will be notified as to whether he/she has met the eligibility criteria of the Battle River Foundation.
- 4.0** 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.



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info@battleriverlodge.ca

APPLICATION FORM

PLEASE PRINT ALL ANSWERS ~ INFORMATION IS KEPT CONFIDENTIAL

FULL NAME: _____ (preferred name _____)

ADDRESS: _____ **Canadian Citizen:** _____

_____ **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 **\$34,770.00?** (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 _____

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 _____

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?

Does applicant have allergies?_____ If yes, please list:_____

Please give a short resume of applicant's medical history:

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:

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
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