



Application for Accommodation  
Lodge Apartment

In order for an application to be considered **complete**, it must include all of the following:

- Your Notice of Assessment for the most recent year. (Government Required)
- Completed & signed Application
- Completed & signed Physicians Examination

All questions must be completed in full. Incomplete Applications will not be accepted or put onto the waiting list.

This Application must be signed by the applicant and Co-Applicant.

**\*\*IMPORTANT**

1. We are NOT emergency housing.
2. We CANNOT guarantee placement by a certain date.

We will contact you when we have a suitable unit available for you.



**\*\* All personal information handed in with this application is kept confidential and will not be shared with any other parties.**

## APPLICATION FOR ACCOMODATION

(Confidential)

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS AND PLEASE PRINT

Application Date: \_\_\_\_\_

**1. Applicant's Name:** \_\_\_\_\_

**Date of Birth(mm/dd/yyyy):** \_\_\_\_\_ **Social Insurance No.** \_\_\_\_\_

**Alberta Personal Health No.** \_\_\_\_\_ **Treaty No. (if applicable)** \_\_\_\_\_

**Present Mailing Address:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/Town:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Alternate Telephone No.** \_\_\_\_\_

**Doctors Name:** \_\_\_\_\_ **Clinic phone number:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Language spoken/written:** \_\_\_\_\_

**Are you able to self-medicate?** \_\_\_\_\_

**Are you able to complete personal hygiene?** \_\_\_\_\_ **Do you require bathing assistance?** \_\_\_\_\_

**Alcohol use?** \_\_\_\_\_ **Are you a smoker?** \_\_\_\_\_

**Do you have a vehicle?** \_\_\_\_\_ **If yes, model:** \_\_\_\_\_ **colour:** \_\_\_\_\_ **License Plate #** \_\_\_\_\_

**Are you a Canadian Citizen?** \_\_\_\_\_ **Landed Immigrant?** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Do you have any allergies?** \_\_\_\_\_ **If yes, please list all:** \_\_\_\_\_

**Personal Talents/hobbies/interests:** \_\_\_\_\_

**Known Disabilities/Medical Conditions (walker, wheelchair, physical condition etc.):** \_\_\_\_\_

**Are you able to Manage all financial affairs?** \_\_\_\_\_ **If no, list appointed Power of Attorney's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Alternative Telephone No.** \_\_\_\_\_

**Do you have a will?** \_\_\_\_\_ **If yes, please provide Executors information below**

**Name:** \_\_\_\_\_ **Address** \_\_\_\_\_

**City/Town** \_\_\_\_\_ **Province** \_\_\_\_\_

**Postal Code** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Alternative Telephone No.** \_\_\_\_\_ **Current Monthly Income: \$** \_\_\_\_\_

**Are you receiving Alberta Seniors Benefits?** \_\_\_\_\_

**After paying rent will the applicant be left with \$315 left for the month?** \_\_\_\_\_



**2. Co-Applicant's Name:**

<b>Date of Birth:</b>	<b>Social Insurance No.</b>		
<b>Alberta Personal Health No.</b>	<b>Treaty No.</b>		
<b>Telephone No.</b>	<b>Alternate Telephone No.</b>		
<b>Doctors Name:</b>	<b>Clinic phone number:</b>		
<b>Marital Status:</b>	<b>Language spoken/written:</b>		
<b>Are you able to self-medicate?</b>			
<b>Are you able to complete personal hygiene?</b>		<b>Do you require bathing assistance?</b>	
<b>Alcohol use?</b>		<b>Are you a smoker?</b>	
<b>Do you have a vehicle?</b>	<b>If yes, model:</b>	<b>colour:</b>	<b>License Plate #</b>
<b>Are you a Canadian Citizen?</b>	<b>Landed Immigrant?</b>	<b>Other:</b>	
<b>Do you have any allergies?</b>		<b>If yes, please list all:</b>	

**Personal Talents/hobbies/interests:**

**Known Disabilities/Medical Conditions (walker, wheelchair, physical condition etc.):**

<b>Are you able to Manage all financial affairs?</b>	<b>If no, list appointed Power of Attorney's Name:</b>
<b>Address:</b>	<b>City/Town:</b>
<b>Province:</b>	<b>Postal Code:</b>
<b>Telephone No.</b>	<b>Alternative Telephone No.</b>
<b>Do you have a will?</b>	<b>If yes, please provide Executors information below</b>
<b>Name:</b>	<b>Address</b>
<b>City/Town</b>	<b>Province</b>
<b>Postal Code</b>	<b>Telephone No.</b>
<b>Alternative Telephone No.</b>	<b>Current Monthly Income: \$</b>
<b>Are you receiving Alberta Seniors Benefits?</b>	
<b>After paying rent will the applicant be left with \$315 left for the month?</b>	

**3. List the name, address, telephone number and relationship of responsible relative, friend or guardian to be notified in the case of an emergency.**

<b>Name</b>	<b>Relationship</b>
<b>Address</b>	<b>City/Town:</b>
<b>Province:</b>	<b>Postal Code:</b>
<b>Telephone No.</b>	<b>Email:</b>

<b>Name</b>	<b>Relationship</b>
<b>Address</b>	<b>City/Town:</b>
<b>Province:</b>	<b>Postal Code:</b>
<b>Telephone No.</b>	<b>Email:</b>

# Vanderwell Heritage Place



**4. What are your reasons for wanting to move?**

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**5. Other related information you may wish to provide:**

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I understand this is just an application and it is not an agreement on the part of Vanderwell Heritage Place or its agents to provide me with rental accommodation.

I further acknowledge the right of Vanderwell Heritage Place, or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application

I authorize Vanderwell Heritage Place, or its agents to investigate any or all the statements made by Me in this application, being fully aware that discovery of any false statement shall cancel my further consideration of my application.

This information is collected pursuant to the provisions of the Housing Act, and its regulations, and pursuant to Section 32(c) of the FOIPP Act. For more information  
Vanderwell Heritage Place Administrator, 301-6<sup>th</sup> Ave NE, Slave Lake, AB T0G 2A2 (780)849-2927

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Witness- Administrator

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

### Goals of Care Designation (GCD) Order

Date <i>(yyyy-Mon-dd)</i>	Time <i>(hh:mm)</i>
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#### Goals of Care Designation Order

To order a Goals of Care Designation for this patient, check the appropriate Goals of Care Designation below and write your initials on the line below it. *(See reverse side for detailed definitions)*

Check Initials	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3	<b>M1</b>	<input type="checkbox"/> M2	<input type="checkbox"/> C1	<input type="checkbox"/> C2
	_____	_____	_____	_____	_____	_____	_____

Check  here  if this GCD Order is an interim Order awaiting the outcome of a Dispute Resolution Process. Document further details on the ACP/GCD Tracking Record.

Specify here if there are specific clarifications to this GCD Order. Document these clarifications on the ACP/GCD Tracking Record as well.

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**Patient's location of care where this GCD Order was ordered** *(Home; or clinic or facility name)*

#### Indicate which of the following apply regarding involvement of the Patient or alternate decision-maker (ADM)

- This GCD has been ordered after relevant conversation with the patient.
- This GCD has been ordered after relevant conversation with the alternate decision-maker (ADM), or others. *(Names of formally appointed or informal ADM's should be noted on the ACP/GCD Tracking Record)*
- This is an interim GCD Order prior to conversation with patient or ADM.

#### History/Current Status of GCD Order

Indicate one of the following

- This is the first GCD Order I am aware of for this patient.
- This GCD Order is a revision from the most recent prior GCD *(See ACP/GCD Tracking Record for details of previous GCD Order).*
- This GCD Order is unchanged from the most recent prior GCD.

Name of Physician/Designated Most Responsible Health Practitioner who has ordered this GCD	Discipline
Signature	Date <i>(yyyy-Mon-dd)</i>

*Lesser Slave Lake Regional Housing Authority*

*Confidential Medical Report for Senior Housing Applicant*

To Attending Physician: Please print to complete and return directly to:

*Vanderwell Heritage Place 301 6 Ave NE Slave Lake, AB T0G 2A2 Fax: 780-849-5251*

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

Examining Physician: \_\_\_\_\_ Date Examined: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long has the applicant been your patient: \_\_\_\_\_

**Note to Examining Physician**

The lodge applicant must be able to feed themselves, get the meals and toilet independently. The need for home care, and other services should be arranged prior to moving in. Home Care is provided by the Health Authority

**1. Condition:**

Is there any past or present evidence of:

Depression      \_\_\_ Yes      \_\_\_ No    If yes, \_\_\_ Mild      \_\_\_ Medium      \_\_\_ Severe

Cognitive Impairment    \_\_\_ Yes      \_\_\_ No    If yes, \_\_\_ Mild      \_\_\_ Medium      \_\_\_ Severe

Alzheimer's Disease      \_\_\_ Yes      \_\_\_ No    If yes, \_\_\_ Mild      \_\_\_ Medium      \_\_\_ Severe

Mental Illness      \_\_\_ Yes      \_\_\_ No    If yes, describe \_\_\_\_\_

Tendency to wander      \_\_\_ Yes      \_\_\_ No

Uncontrolled Aggressive or Violent Behavior:    \_\_\_ Yes      \_\_\_ No

Infectious Diseases/Antibiotic Resistance Diseases:    \_\_\_ Yes    \_\_\_ No    If Yes, type: \_\_\_\_\_

Alcohol or Drug Abuse:    \_\_\_ Yes      \_\_\_ No    If Yes, \_\_\_ Past      \_\_\_ Present

**2. Physical Examination:**

Physical Disability:  Yes  No Describe: \_\_\_\_\_  
Require assistance transferring in and out of bed and to the bathroom:  Yes  No  
Mobility Aids:  Cane  White cane  Walker  Wheelchair  Scooter  
Hearing:  Normal  Impaired  Absent  Hearing Aid  
Vision:  Normal  Impaired  Absent  Glasses  
Speech:  Normal  Impaired  Absent  
If yes, due to:  Mental Causes  Deafness  Speech Impediment  
 Language Barrier

Does the patient have the following?  Oxygen  Pacemaker  
Is your patient on Home Care?  Yes  No  
Does your patient require medical assistance?  Yes  No  
Does your patient require dressing assistance?  Yes  No  
Does your patient require bathing assistance?  Yes  No  
Does your patient have any allergies or drug intolerances?  Yes  No  
If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Is your patient diabetic?  Yes  No  
Does your patient use insulin?  Yes  No  
If yes, can they self-administer the insulin?  Yes  No  
Does your patient have a special diet?  Yes  Diabetic\*  Cut up food\*  No

*\*Please note, there is no dieticians on site, therefore special diets beyond these will have to be managed by the resident.*

Is your patient urine continent?  Yes  No Is your patient bowel continent?  Yes  No

**3. TB Screening:** Does your patient's history and/or symptom inquiry indicate a need for TB testing prior to communal living in a senior's lodge?  Yes  No  
If yes, has the referral been made to Public Health?  Yes  No

**4. Medical Diagnosis and other pertinent information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

# Lesser Slave Lake Regional Housing Authority

P.O. Box 1429 | Slave Lake, AB | T0G 2A2 | Phone: 780-849-4505 | Fax: 780-849-5625

## Pre-Authorized Debit (PAD) Plan

Authorization of the Payor to the Payee to Direct Debit an Account

Resident/Tenant Name \_\_\_\_\_ Facility \_\_\_\_\_

### Instructions:

1. Complete all sections in order to instruct your Financial Institution to make payments directly from your account.
2. Read the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" or a Pre-Authorization Payment form your bank to **Lesser Slave Lake Regional Housing Authority Administration Office** at the address noted below.
4. If you have any questions, please see your Site Manager.

**Payee:** **Lesser Slave Lake Regional Housing Authority**  
P.O. Box 1429  
Slave Lake, Alberta T0G 2A0  
Phone: 780-849-4505, Fax: 780-849-5625

### Payor Information (Please Print Clearly)

Payor Name _____	Payor Name _____
Address _____	Address _____
Telephone # _____	Telephone # _____
Signature _____ Date (DD-MM-YYYY) _____	Telephone # _____ Date (DD-MM-YYYY) _____

### Payor Financial Institution/Banking Information (Please Print Clearly)

Transit #				Institution #				Account #												

Name of Financial Institution \_\_\_\_\_

Branch Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### Payment Information (Please Print Clearly)

Payment is:  
 Variable Amount to maximum of \$ \_\_\_\_\_ Interval:  Monthly Are top-ups or adjustments permissible?  
 Yes



# Vanderwell Heritage Place



## Lodge Rental Rates

As approved by the Board January 2025

All Lodge rent is based on size of the room.

### Lodge Style Room:

These beautifully open concept rooms includes: meals, snacks, small fridge weekly housekeeping and linen change and all utilities are all provided. Basic cable package is available for an additional cost.

#### Building A

385 square feet \$1240.00

420 square feet \$1320.00

#### Building B

438 - 476 square feet \$1340.00

DAL 385 square feet \$1450.00

505 square feet \$1340.00

### Lodge Enhanced rooms

These enhanced rooms offer a separate bedroom, small fridge, countertop stove. These rooms also include meals, snacks, weekly housekeeping, linen change and all utilities. Basic cable is available for an additional cost.

559 square feet \$1445.00

608 square feet \$1480.00

**Lodge Style Room: Second Occupant \$300.00**

### 1-bedroom self-contained Apartments

These one-bedroom apartments include a fridge, stove, washer and dryer, air conditioning and all utilities. Basic cable is available for an additional cost.

Meals are NOT included however meals can be purchased on a daily or weekly basis.

548 square feet \$925.00 - \$1335.00

631 square feet \$1515.00

560 square feet \$925.00 - \$1335.00

638 square feet \$1515.00

566 square feet \$925.00 - \$1335.00

667 square feet \$1600.00

577 square feet \$925.00 - \$1335.00

### 2-bedroom self-contained Apartments

These two-bedroom apartments include a fridge, stove, washer and dryer, air conditioning and all utilities. Basic cable is available for an additional cost.

Meals are NOT included however meals can be purchased on a daily or weekly basis.

689 square feet \$1660.00

822 square feet \$2010.00

775 square feet \$1890.00

# Vanderwell Heritage Place



## Additional Charges

**Basic cable:** \$30.00 per month

### Meals: For Apartment Residents

**Breakfast and Supper:** \$9.00 per meal

**Lunch:** \$10.00 per meal

A 10-meal punch card can be purchased at the front desk for \$81.00 or \$90.00. These cards can be left with the kitchen staff for your convenience.

### Guest Meals:

**Breakfast and Supper:** \$12.00 per meal

**Lunch:** \$12.00 per meal

Advanced notice is greatly appreciated.

### Laundry:

Personal Laundry can be provided for **Lodge rooms only**.

**Laundry (per person):** \$40.00 per month

### NSF Charge:

A \$25.00 fee will be charged to the resident if a cheque or PAD Agreement has been returned by the bank for insufficient funds.

**Replacement Keys:** \$25.00

**Storage unit:** \$5.00 per month

(residents must provide their own lock for the unit)

**Parking:** \$30.00 per vehicle

**Emergency pendants:** \$150.00

- The initial pendant is free – if it is lost, stolen or damaged the resident will be charged \$150.00

**Door Fobs:** \$60.00

- The initial door fobs are free – if it lost, stolen or damaged the resident will be charged \$60.00.