# Application Package

## Big Knife Villa

FRHG

FLAGSTAFF REGIONAL HOUSING GROUP

Attn: Lodge Manager
Box 550, 4401 – 47 Street
Forestburg, AB  T0B 1N0

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# About the Flagstaff Regional Housing Group and The Bethany Group

Established in 1973, the Flagstaff Regional Housing Group (FRHG) is a non-profit, provincially-mandated foundation that provides safe and secure housing to low and moderate income seniors in Flagstaff County. The Board has representation from all the municipalities in the county and, together, work towards strengthening the region and providing the best service they can achieve to seniors in the area.

In 2011, The Bethany Group assumed management and operations of the lodges while reporting to the Board.

Originally established in 1922 by the Lutheran Church to operate a home for the aged in Bawlf, Alberta, the organization today operates pursuant to the Bethany Nursing Home and Auxiliary Hospitals Act, as well as a Public Housing Management Body pursuant to the Alberta Housing Act. The Bethany Group is driven by the people who work and volunteer for the organization to make the lives of the people they serve better. It also continues to honour its faith-based roots and provide a wholistic approach to caring for its clients.

# Lodge Program

The mandate of the Seniors Lodge Program is to provide affordable room and board for senior citizens who are functionally independent or functionally independent with the assistance of existing community-based services.

The facilities are audited by and in compliance with the standards set by the Government of Alberta.

The *Lodge Priority Rating System* is a standardized lodge entrance criteria across Alberta. Through an application and interview process, an applicant's eligibility is assessed with consideration given to low-to-moderate income seniors 65 years or older.

Lodges provide the privacy and comfort of home while offering a community environment where an active, carefree life-style is encouraged.

Core services provided by the lodge include:

- basic room furnishings (if required);
- weekly housekeeping services;
- three meals per day, as well as daily snacks;
- building security;
- 24 hour non-medical staffing;
- access to community-based services; and,
- opportunities for life enriching activities to enhance physical, emotional, social, spiritual, and intellectual well-being.

To find out more about the lodge program, please feel free to contact the Lodge Manager.

# Lodge Criteria

The following information and conditions are presented to help lodge applicants and their family members make plans for appropriate housing choices. Listed below are areas that need to be considered when choosing the appropriate facility. Where the manager or coordinator feels that the applicant's needs may not be met with confidence and safety, alternate housing options will be discussed.

Please note that Lodges are **not** a substitute for Continuing Care; however, individuals who receive support and assistance from community supports (e.g., Home Care) may be eligible.

An applicant must meet and maintain the following minimum standard of wellness as an entrance requirement to the Lodge:

- Is able and willing to participate in the activities of the lodge and to benefit from the lodge environment and lifestyle. For example, can:
    - negotiate long hallways;
    - participate in family style dining;
    - manage personal laundry;
    - live with independence and safety in the lodge setting; and,
    - understand and follow instructions for evacuation in case of a fire; etc.).
- Has stable health, and any medical conditions are manageable within a lodge setting (e.g., making use of available community support systems, etc.).
- Is willing and able to maintain personal care and hygiene (e.g., bathe at least once a week or more often, if necessary). They are also able to handle their own toileting without help, and if there is some degree of incontinence, is willing and able to manage that incontinence without help.

- Is able to move about independently or with the use of mechanical aids, and can move from lying down to sitting to standing without help.
- Is not in need of extensive guidance and direction from others to get through the day (i.e., is not suffering from dementia, etc.).
- Is not assessed by Home Care as requiring Designated Supportive Living level 3 (DSL3) or higher (e.g., long term care).
- Has a family member or designate to tend to personal needs beyond the scope of lodge staff (e.g., transportation to appointments, assistance with financial matters).
- Has regular dietary needs. Please note that specialty diets which require close supervision cannot be met in the lodge setting.
- Is willing to live in a lodge and abide by the lodge rules and regulations.
- Agrees to a trial period of six weeks. Within that period, either party has the right to withdraw from the agreement if companionable living arrangements cannot be made. A notice period of one month is required.

# Application Process

Applications are placed on a waiting list in order of priority and need, based on your responses to the questions.

Your application cannot be reviewed unless all of the questions have been answered and a copy of your latest tax return *Notice of Assessment* has been included with your completed application.

The process for potential admittance is as follows:

1. A completed Application Package, including a copy of a current *Notice of Assessment,* is submitted.
2. Applicants (including Co-Applicants, if applicable) are then rated and placed on a Waiting List in order of need based on a provincial Point Scoring System.
3. When a room in the lodge becomes available, the most appropriate applicants are contacted. The applicant(s) will be invited to a tour and interview at the lodge with the Manager. The applicant(s) may also be required to provide written consent for the exchange of pertinent information between the Manager and the Applicant's Service Provider (e.g., Home Care, Mental Health).
4. Once the interview(s) have been conducted, the room will be offered to the most suitable Applicant. At this time, the Applicant(s) will sign a Tenancy Agreement, as well as any other relevant forms relating to residency at the Lodge.

**Please Note:** An application for lodge residency does not guarantee that you will be accepted for lodge accommodation.

# Checklist

Thank you for your interest in our lodges. This checklist has been provided for your convenience so that you can ensure that you have provided us with all of the information necessary to begin processing your application. Please double-check your application package and ensure that you have:

- ☐ filled out all of the personal information on **page 7** (for both the applicant and the co-applicant, if applying as a couple);
- ☐ completed the *Lodge Application Form Questionnaire* on **pages 9 – 15**;
- ☐ answered all of the questions regarding accommodations on **page 14**;
- ☐ included a copy of a current *Notice of Assessment* for **each** applicant.

**Once all portions have been completed, the Lodge Application Package can be sent to**:

Big Knife Villa
Box 550, 4401 – 47 Street
Forestburg, AB T0B 1N0
Fax: 780-582-3733
Email: BigKnifeVilla@bethanygrp.ca

# Lodge Application Form

(**Please note** that unless you are applying for accommodation as a couple, you may disregard the "Co-Applicant" information sections)

**Applicant's Name***:* ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss _____

**Date of Birth**: _____ **Phone Number**: _____

**Alberta Health Number**: _____

**Marital Status***:* ☐ married ☐ divorced/separated ☐ single ☐ widowed

**Current Address** (including postal code): _____

In case we are not able to contact you, please list an alternate contact person (including their phone number and their relationship to you):

_____

**Co-Applicant's Name***:* ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss _____

**Date of Birth**: _____ **Phone Number**: _____

**Alberta Health Number**: _____

**Marital Status***:* ☐ married ☐ divorced/separated ☐ single ☐ widowed

**Current Address** (including postal code): _____

In case we are not able to contact you, please list an alternate contact person (including their phone number and their relationship to you):

_____

Please answer all of the questions in the *Lodge Questionnaire*. This information is required by the Alberta Housing Act and will be used to establish your circumstances and level of need.

Information provided with this application is collected under the authority of the Alberta Housing Act and is protected by the provisions of *Freedom of Information & Protection of Privacy Act*.

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# Lodge Questionnaire

If applying as a couple, please make sure you fill out each column as "Applicant" and "Co-Applicant."

If applying as a single person, you do not need to fill out the Co-Applicant column.

## Nutrition & Diet

| Questions | Applicant | | Co-Applicant | |
|---|---|---|---|---|
| 1. Do you (or your partner) cook full-sized, nutritious meals on a regular basis? | Yes | No | Yes | No |
| 2. Do you (or your partner) cook regularly, but often stick to easy foods such as soup & sandwiches or frozen foods? | Yes | No | Yes | No |
| 3. Do you (or your partner) cook one or two of your own meals but get assistance from other individuals for the remainder of your meals? | Yes | No | Yes | No |
| 4. Do you get all of your meals from Meals-On-Wheels, family, and/or other sources? | Yes | No | Yes | No |

## Life Enrichment & Accessibility

| Questions | Applicant | | Co-Applicant | |
|---|---|---|---|---|
| 5. Would you like to move to a Lodge at this time because you are lonely and feel a need for activities, recreation, and friends? | Yes | No | Yes | No |
| 6. Have you been limiting your leisure/social activities due to your lack of mobility and/or frailty? (e.g., you don't participate in a recreation group/club, attend church) | Yes | No | Yes | No |

| | | | | |
|---|---|---|---|---|
| 7. Have you been limiting your leisure/social activities because you live too far away and/or have transportation problems? | Yes | No | Yes | No |

## Current Environment

| Questions | Applicant | | Co-Applicant | |
|---|---|---|---|---|
| 8. Do you have an emergency situation that may be helped by your move to a lodge? (e.g., impending eviction, lack of financial resources)?<br>If yes, please explain: | Yes | No | Yes | No |

Applicant _____

Co-Applicant _____

| | | | | |
|---|---|---|---|---|
| 9. Would a lodge be better for your because of issues such as forgetfulness, your personal safety (e.g., risk of falling, lack of proper household security), or another risk situation?<br>If yes, please explain: | Yes | No | Yes | No |

Applicant _____

Co-Applicant _____

| | | | | |
|---|---|---|---|---|
| 10. Are there any other situations in your life (e.g., abuse) where a move to a lodge would alleviate and/or eradicate the problem?<br>If yes, please explain: | Yes | No | Yes | No |

Applicant _____

Co-Applicant _____

| Questions | Applicant | | Co-Applicant | |
|---|---|---|---|---|
| 11. Do you handle *all* your own personal care and hygiene without any assistance? | Yes | No | Yes | No |
| 12. Do you handle most of your own bathing and cleaning but get help with some of the more difficult tasks?<br>If yes, please explain: | Yes | No | Yes | No |
| Applicant _____ | | | | |
| Co-Applicant _____ | | | | |
| 13. Do you get Home Care or do others do most (or all) of your laundry, cleaning, and personal care? | Yes | No | Yes | No |
| 14. Do you need help getting in and/or out of bed? | Yes | No | Yes | No |
| 15. At this time, do you live in a building with others (e.g., apartment building)? | Yes | No | Yes | No |
| 16. Does the thought of living closely with other seniors appeal to you? | Yes | No | Yes | No |
| 17. Do you like to be left alone and live independently? | Yes | No | Yes | No |
| 18. Do you generally get around your home without much help from others? | Yes | No | Yes | No |
| 19. Do you limit how much you get around (inside & outside your home) due to fear of falling and/or other physical problems?<br>If yes, please explain: | Yes | No | Yes | No |
| Applicant _____ | | | | |
| Co-Applicant _____ | | | | |
| 20. Do you need help to get around outside of your home? (e.g., to go shopping, get to appointments) | Yes | No | Yes | No |

## Family and Community Supports

| Questions | Applicant | | Co-Applicant | |
|---|---|---|---|---|
| 21. Do you have family nearby who can help and support you when you need? | Yes | No | Yes | No |
| 22. Do you have friends nearby who can help and support you when you need? | Yes | No | Yes | No |

## Housing Needs

| Questions | Applicant | | Co-Applicant | |
|---|---|---|---|---|
| 23. Do you want to move to a lodge because you feel that there is no other accommodation that is suitable for you? | Yes | No | Yes | No |

If yes, please explain why you feel that lodge accommodations will suit your needs:

Applicant _____

Co-Applicant _____

| | | | | |
|---|---|---|---|---|
| 24. Do you need to leave your present accommodation because the rent is beyond your means or the residents is being sold? | Yes | No | Yes | No |
| 25. Do you wish to move from your current home because the maintenance, gardening, and/or general upkeep is getting to be too much work for you? | Yes | No | Yes | No |
| 26. Is your present home not suitable due to accessibility issues? (e.g., steps difficult to climb) | Yes | No | Yes | No |
| 27. Do you need to move because your present living arrangement is not suitable anymore? (e.g., overcrowding, living with family) | Yes | No | Yes | No |

## Further Questions

| Questions | Applicant | | Co-Applicant | |
|---|---|---|---|---|
| 28. Have you been assessed as requiring Designated Supportive Living 3 (DSL3) or higher? | Yes | No | Yes | No |
| 29. Do you suffer from incontinence to such a degree that you are not able and/or willing to manage it yourself? | Yes | No | Yes | No |
| 30. Do you have an activated Personal Directive?<br>If yes, please indicate your Named Agent and his/her telephone number: | Yes | No | Yes | No |

Applicant _____

Co-Applicant _____

| | | | | |
|---|---|---|---|---|
| 31. Do you have a Legal Guardian?<br>If yes, please indicate his/her name and telephone number: | Yes | No | Yes | No |

Applicant _____

Co-Applicant _____

32. Please indicate if you are currently using (or scheduled to begin using) any of the following:

| | | | | |
|---|---|---|---|---|
| Walker | Yes | No | Yes | No |
| Wheelchair | Yes | No | Yes | No |
| Motorized Scooter *(NOTE: motorized scooters are prohibited in the lodges)* | Yes | No | Yes | No |
| Electric Wheelchair *(NOTE: electric wheelchairs are prohibited in the lodges)* | Yes | No | Yes | No |

| | | | | |
|---|---|---|---|---|
| 33. Are you currently receiving Alberta Seniors' Benefit (ASB)? | Yes | No | Yes | No |
| 34. Are you currently receiving Assured Income for the Severely Handicapped (AISH)? | Yes | No | Yes | No |
| 35. Are you currently receiving Canada Pension Plan/Old Age Security (CPP/OAS)? | Yes | No | Yes | No |
| 36. Are you currently receiving a Guaranteed Income Supplement (GIS)? | Yes | No | Yes | No |
| 37. Are you currently receiving a Veteran's Pension (DVA)? | Yes | No | Yes | No |

Please tell us a bit more about yourself and why you would like to move into the lodge. Don't worry about handwriting or spelling. If you require extra space, please attach a separate sheet of paper.