

BONNYLODGE



APPLICATION PACKAGE

LAKELAND LODGE AND HOUSING FOUNDATION

Bonnylodge
4712 47 Avenue
BONNYVILLE, ALBERTA T9N 2E7
(780) 826-3911
APPLICATION FOR LODGE ADMISSION
BONNYLODGE

GUEST INFORMATION

APPLICANT:	CO-APPLICANT (IF APPLICABLE)
Full Name:	Spouse's Name:
Address:	Address:
City:	City:
Province: Postal Code:	Province: Postal Code:
Telephone:	Telephone:
Date of Birth (D/M/Y): Age:	Date of Birth (D/M/Y): Age:
Length of Residence: _____ Alberta _____ Canada	Length of Residence: _____ Alberta _____ Canada
Alberta Health Care:	Alberta Health Care:
Old Age Security/Social Insurance:	Old Age Security/Social Insurance:
Email Address:	Email Address:

BONNYLODGE IS A NON-SMOKING FACILITY

Applicants must be a minimum of 65 years of age, be functionally independent, meet the eligibility requirements listed on the terms and conditions, provide a completed application and medical form and attend an interview with management personal to determine their suitability for residency. Once they have fulfilled the above requirements, they will be placed on a waiting list according to the Priority Rating Criteria as per the Alberta Housing Act.

Type of Accommodations required:

Single Double Wheelchair Accessable Couple

When are you prepared to move in:

(If not immediately, please give approximate date)

Immediately

Move Date: _____

This information is collected in accordance with Section 33 of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) and is used by Lakeland Lodge and Housing Foundation to operate its business. Personal information is protected under FOIP.

NEXT OF KIN / EMERGENCY CONTACTS:

1. Name: _____ Relationship: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

3. Name: _____ Relationship: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

TRUSTESHIP / GUARDIANSHIP: Do you have?

1. A Guardian: Yes No

If yes, please specify: Name: _____ Phone: _____

2. A Trustee: Yes No

If yes, please specify: Name: _____ Phone: _____

3. Someone with Power of Attorney: Yes No

If yes, please specify: Name: _____ Phone: _____

4. An Executor for your Will: Yes No

If yes, please specify: Name: _____ Phone: _____

5. A Personal Directive in place: Yes No

If yes, please specify: Name: _____ Phone: _____

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GOVERNMENT SURVEY INFORMATION:

The following information will be collected by the Lodge and provided to Lakeland Lodge and Housing Foundation in order to complete annual Government Surveys.

Marital Status Married Widowed Single Divorced Separated

Are you receiving the Alberta Seniors Benefit? Yes No

Please check any/all of the following health concerns that apply to you:

- Incontinence
- Alcohol or other substance abuse
- Oxygen
- Diabetes
- Allergies _____
- Mobility: use of walker, cane, wheelchair, scooter _____
- Other: _____
- Seizures
- Sight
- Hearing

Please check if you currently receive any of the following:

- Medical Alert Oxygen Mental Health Services (Contact name): _____
- Home Care (Co-ordinator's name): _____
- Medical Assistance Program (Specify): _____

Present Accommodations:

House Apartment Senior's Self-Contained Unit Other (specify): _____

Most Recent Landlords Name: _____

LODGE ASSISTANCE PROGRAM INFORMATION:

For Lakeland Lodge and Housing Foundation to qualify for the Lodge Assistance Program, we require a copy of the most current Notice of Assessment provided by Revenue Canada. Failure to provide this document will result in a delay of the application process.

TAX ASSESSMENT PROVIDED? YES NO

Based on your current Notice of Assessment from Revenue Canada, your rental rate will be: \$ _____.

This rate is subject to change based on your current year's tax assessment. If the current year's tax assessment is higher than \$28,650.00 you are not eligible for the LAP Grant (\$398.00) and will be required to cover these costs personally.

Rent	\$ _____	Fee due on the 1 st of each month
Laundry	\$ _____	Fee due on the 1 st of each month with Rent.
Satellite	\$ _____	Fee due on the 1 st of each month with Rent.
TOTAL	\$ _____	

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BONNYLODGE

RESIDENTIAL TENANCY AGREEMENT

between

(the "Resident")

--and--

LAKELAND LODGE AND HOUSING FOUNDATION
(the "Landlord")

1. Premises

The Landlord agrees to rent to the Resident and the Resident agrees to rent from the Landlord, a room at the Bonnylodge located in the town of Bonnyville at 4712-47 Avenue.

The room means the room occupied by the Resident and includes access to all common areas and services provided by the Landlord.

The Landlord shall designate the room that will be occupied by the Resident.

2. Term (month-to-month)

The term of this agreement is from the _____ day of _____, 20__ (the starting date) to the last day of the same month and continuing a month-to-month basis thereafter.

3. Rent and Utility Services

3.1 The resident shall pay rent in advance, on or before the first day of each month.

3.2 The rates charged for lodging are determined in accordance with a formula set by the appropriate Provincial Government regulations.

3.3 Rental rates are established by Lakeland Lodge and Housing Board of Directors and are reviewed annually. A one (1) month written notice of increase will be given to the Resident.

3.4 In addition to the basic lodge rent, the Foundation may impose a charge for any services or facilities provided to a senior citizen household in addition to lodge accommodations. Except for all normal utility costs not including air conditioners, and car plug ins. Charges for these additions shall be payable on or before the first day of each month.

3.5 Please see the Fee Schedule in application package for rates.

4. Landlord obligation

The Landlord agrees to provide:

4.1 Breakfast, lunch, supper and snacks in the common dining area of the Lodge each day.

4.2 Clean linens and bedding weekly, as well as towels and facecloths.

4.3 General housekeeping (Monday through Thursday only) in the room and bathroom once a week, an annual cleaning once a year, including walls, drapes and floors.

4.4 24 hr 7 days a week Lakeland Lodge and Housing Foundation required employee staffing.

5. Tenants Obligation

Tenant agrees:

- 5.1 To keep their room tidy, their drawers and knickknacks cleaned and dusted on a regular basis and free of all possible fire and safety hazards.
- 5.2 To abide by all rules and regulations as set for time to time by the Lodge in which the Resident resides and all health, fire and police regulations of the Province of Alberta and of the Municipality.
- 5.3 To use and occupy the Premises only as a private residence and not to use it for any business or commercial enterprise.
- 5.4 That the Foundation, its agents or employees, shall not be responsible for any loss, damage, or destruction of any property owned by the Resident.
- 5.5 To forthwith reimbursement on demand for any damages to or destruction to Foundation property by the Resident and or family.
- 5.6 To update the names and numbers of their Executor, Guardianship, Trustee, Power of Attorney and Personal Directive with the Lodge Manager.
- 5.7 That only food, lodging and laundry services are being provided by the Foundation. No special services whatsoever are being provided by Lakeland Lodge and Housing Foundation, its employees, or its agents. This includes special services such as nursing or home care.
- 5.8 That should such special care become necessary, the Resident and or the Residents' family will seek alternate accommodations.
- 5.9 That should the Resident exhibit one or more of these criteria, the Resident/family will arrange for alternate accommodations/care, as per Managed Risk Agreement Policy.
 - 5.9.1 Mobility is impaired to the point where the residents' safety and the safety of others are at risk.
 - 5.9.2 Mental confusion and/or wandering.
 - 5.9.3 Unable to manage activities of daily living beyond the assistance that Home Care can provide (Personal care/Toileting).
 - 5.9.4 Unmanageable incontinence/bowel.
 - 5.9.5 Absence of over 60 days that has not been previously approved by the Landlord. Excessive Hospitalization.
 - 5.9.6 Smoking within the Lodge (other than designated smoking areas). Cigarettes or vaping.
 - 5.9.7 Alcohol/Drug abuse which the Resident refuses to obtain treatment for or treatment is ineffective.
 - 5.9.8 Significant disruption of the daily life of other Residents.
 - 5.9.9 Theft, dishonesty, destructive behaviour.
 - 5.9.10 Verbal and or physical abuse and or improper sexual behaviour directed towards an employee and or Resident. Inappropriate or offensive behaviour.
 - 5.9.11 Wilful destruction of property, including that of other Residents and of the Landlord.
 - 5.9.12 Non-compliance with Landlord policies.
 - 5.9.13 Medication Assistance refused or failed.

6. Termination of Residential Tenancy Agreement

- 6.1 Termination by Resident.

The Resident may terminate this agreement by giving the Landlord notice in writing on or before the first day of a tenancy month, to be effective on the last day of that tenancy month. Should the Resident fail to provide such notice, the Resident shall be responsible for the rental rates required for the proper notice for that tenancy month.

6.2 Termination by Landlord.

Any of the situations listed in section 5.9 may lead the Landlord to determine that the Resident is unsuitable to remain in residence. Upon this determination, the Landlord shall be entitled to initiate termination of residency. The criteria upon which the above decision will be based are as follows:

- 6.2.1 If a resident is non-compliant with the Lodge's rules, policies and regulations; at the discretion of the Foundation certain actions could result in immediate termination of this lease agreement and the eviction of the Resident without prior notice. Depending on the severity of the event(s) the process would include:
- 6.2.2 Verbal warning and discussion with the Resident, which will be documented and a copy given to the offending resident as well as a copy to his/her family.
- 6.2.3 If the situation is unresolved, written notice to vacate the premises within 30 days will be given.

6.3 The Landlord has the authority to terminate tenancy immediately if the Resident is likely to harm themselves, other Residents, visitors or staff. Should a Resident be served with notice, the Resident and/or the Resident's family will be responsible to procure alternate living arrangements effective immediately.

7. **Reassessment**

- 7.1 If the resident is hospitalized or absent for any period for medical reasons, the Landlord entitled to review the suitability for residency prior to returning to the Lodge.
- 7.2 The Landlord may at any time direct that an assessment be conducted to determine the suitability of the Resident for continued residency.

8. **Insurance**

Resident will be responsible for obtaining insurance on their personal property as well as maintaining adequate general liability insurance to cover water damages, vandalism, fire or theft for personal property, legal claims against the Resident or damage to the Premises caused through the fault or negligence of the Resident or members of the Resident's family. A copy of the insurance policy should be provided prior to placement and Landlord and proof of renewal on an annual basis.

9. **Pets**

Pets are not permitted. In the event, the Landlord discovers a pet being kept on the premises, they reserve the right to terminate the tenancy immediately.

10. **Other Regulations and Rules**

The tenant shall obey the rules and regulations made from time to time by the Landlord for the premises of the building regarding the use, care and cleanliness of the premises, the fittings, fixtures and all appliances found therein, and the parking area, grounds and facilities of the building, whether such rules and regulations be delivered to the Resident or posted on the facilities and grounds of the building.

11. This agreement shall be binding upon the heirs, executors, administrators and assigns of the resident.

The parties have signed this Residency Agreement on the _____ day of _____, 20____ at the Bonnylodge, Bonnyville, Alberta.

I (WE) HAVE READ AND I (WE) UNDERSTAND AND I (WE) AGREE TO COMPLY WITH THE RULES AND REGULATIONS.

Landlord

Resident

Family Member/Guardian (Please PRINT)

Co-Resident

BONNYLODGE
AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I _____, authorize the Lakeland Lodge and Housing Foundation to exchange information concerning my health and social needs with the Lakeland Regional Health Authority, its agents and employees, health professionals and any other agency, social service provider or my designated emergency contacts.

I understand that this information will be kept confidential and will be used only in my best interest for accessing my health and social needs for planning services to meet those needs and for determining appropriate housing for me.

I release the Lakeland Lodge and Housing Foundation, its employee's and agents, for all claims which may arise as a result of the release of the information described above.

This authorization shall be valid during the time that I am a resident in Lakeland lodge and Housing Foundation housing unless terminated at an earlier date by myself in writing.

Dated this _____ day of _____, 20_____
Day Month Year

Lakeland Lodge and Housing
Foundation WITNESS

Signature of Resident

MEDICAL REPORT

PLEASE COMPLETE AND RETURN TO:

BONNYLODGE
4712-47 AVENUE
BONNYVILLE, ALBERTA
T9N 2e7
(780) 826-3911 Phone
(780) 826-6151 Fax

NAME OF PATIENT: _____

DATE OF BIRTH: _____
Day/Month/Year

DATE OF EXAMINATION: _____
Day/Month/Year

AUTHORIZATION FOR RELEASE OF INFORMATION FORM

I, _____, hereby authorize and instruct _____
(Applicant's name) (Physician's name)

to release, to the Lakeland Lodge and Housing Foundation (Cold Lake Lodge) the information requested, and I hereby waive all claims against the person or organization releasing the report, or any of its officers, servants, agents, staff members or employees for any purpose whatsoever in connection with the communication and disclosure of the said information.

DATE: _____ APPLICANT'S SIGNATURE: _____

DATE: _____ WITNESS: _____

TO BE COMPLETED BY PHYSICIAN

The Lodge is a housing facility only. We provide meals, housekeeping and laundry only. Residents must be able to function completely independently. Do you believe this applicant to be functionally independent, mentally and physically, with the assistance of existing community-based services to enter housing accommodation where no personal care, nursing care, or special diets are available?

(Home care is available from the health region for specific, restricted day time hours)

YES NO

COMMENTS:

PHYSICAL FINDINGS:

Is there evidence of past or present abnormality of?	If YES, give (attach additional information)
Respiratory: Oxygen required: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Cardiovascular System Blood Pressure: _____ Pacemaker: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Gastrointestinal System Continent: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Genitourinary System: Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/>	
Mental health/Memory & Orientation	
Psycho-Social/Specific Behaviour Disturbance	
Infectious Diseases	
Any Alcohol or other substance abuse	
Other	
Drug Sensitivities/Allergies If YES, please specify.	

T.B. history completed: Positive Negative

Sight: Good Impaired

Hearing: Good Impaired

Aids to Daily Living: Cane Walker Wheelchair Scooter Other

In Hospital Last 12 Months? Yes No

If yes, Where, Why, How Often, and Length of Stay: _____

DIAGNOSIS (in order of significance)

- * _____
- * _____
- * _____
- * _____
- * _____

PERTINENT MEDICAL HISTORY:

Will you be the attending physician when the applicant moves into the Lodge? YES NO

NAME AND ADDRESS OF PHYSICIAN COMPLETING APPLICATION (Please Print):	
NAME: _____	PHONE: _____
ADDRESS: _____	PROVINCE: _____ POSTAL: _____
SIGNATURE: _____	