

COUNTY OF STETTLER HOUSING AUTHORITY

“Stettler and Community Housing”

www.countyofstettlerhousing.com

Central Office

Willow Creek Lodge

6020 - 47 Avenue, Stettler, AB T4K 0B7
Phone: 403-742-2953 Fax: 403-742-3199

Paragon Place Lodge

5011- 55 Street, Stettler, AB T4K 0A4
Phone: 403-742-6195 Fax: 403-742-6198



Heart Haven Lodge

6011- 50 Avenue, Stettler, AB T4K 0B3
Phone: 403-742-9220 Fax: 403-742-9221

Stettler Community Housing

403-740-9224

Big Valley - Valley Villa Apts.
403-741-8605

Application For Temporary Lodge Accommodations

Date: _____

Full Name – Please Print: _____

Full Address: _____ Phone: _____
Box or Street Town Postal Code

Date of Birth: _____ (Mon/Day/Yr) Marital Status: _____ (Single/Married/Widow/Divorced)

Health Care Number: _____ Name of Doctor: _____

B. PERSONAL CONTACTS

Please list family or friends that we may contact if you need assistance.

1. Name: _____ Relationship to you: _____

Phone: _____ Cell Phone: _____

2. Name: _____ Relationship to you: _____

Phone: _____ Cell Phone: _____

Scheduled date(s) of stay in Lodge: Start Date: _____ End Date: _____

Fees (includes meals, snacks, beverages, housekeeping, incidentals, cable, activities, security): \$60 per day plus GST (2023) (includes enter & exit days) **All required Home Care services such as assistance with bathing, medication, dressing, etc. must be in place before respite applicant can move in.** A \$250.00 security deposit is required.

I understand that approval for Respite does not constitute an agreement on the part of CSHA to approve an application for Lodge, and that my continued stay in Respite is completely dependent on continued Management approval. Any stays of longer than the original contract dates require a new contract. I agree to comply with the County of Stettler Housing Authority's Lodge Policies as outlined in the Respite Agreement and Rules and Regulations Summary:

Temporary Lodge Applicant's signature: _____

Applicant's Guardian's signature _____

Please list any concerns or issues we should be aware of:

Please submit this completed form to the administration or manager's office.

Approved by: _____, Lodge Manager. Date: _____ Lodge _____ Room # _____

Copy to:
Mgrs. ___
Enter in:
Fire Bk. ___
Reprt Bk ___
Kitchen ___

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Physician's Report

Name: _____ Date of Birth _____

Address: _____ Phone: _____

Alberta Health Care Number _____ How long has applicant been a patient of yours: _____

Release

I, _____ hereby authorize and instruct _____ to

Applicant

Physician

release the medical information requested by County of Stettler Housing Authority, and I hereby waive any and all claims against the person or organization releasing the report for any purpose whatsoever in connection with the communication and disclosure of said information.

Date: _____ Applicant's signature: _____

Date: _____ Witness: _____

County of Stettler Housing Authority provides affordable Lodge accommodations to ambulatory seniors who have the mental and physical capabilities to perform daily living skills independently with controlled behavior and good judgment/decision making abilities.

Lodge provides meals, housekeeping services and 24-hour staffing. Given this information, is your patient independent enough to:

- | | | | |
|--|---------|--------|-------------|
| 1. Physically manage personal care including dressing? | Yes ___ | No ___ | Unknown ___ |
| 2. Ambulate to and from a central, congregate dining room? | Yes ___ | No ___ | Unknown ___ |
| 3. Maintain an appropriate level of personal hygiene? | Yes ___ | No ___ | Unknown ___ |
| 4. Perform daily living skills, without cueing or reminders? | Yes ___ | No ___ | Unknown ___ |
| 5. Administer his/her own medications? | Yes ___ | No ___ | Unknown ___ |
| 6. Enter a lodge where no nursing care or special diets are available? | Yes ___ | No ___ | Unknown ___ |

Any comments that would be helpful in evaluating this applicant _____

Is the applicant currently receiving Homecare? Yes ___ No ___

Is there past or present evidence of: Yes No If YES, give particulars. Please attach additional information required.

Incontinence (Bowels or Bladder): Yes No Mild ___ Moderate ___ Severe ___

Cognitive Impairment: Yes No Mild ___ Moderate ___ Severe ___

Wandering: Yes No Mild ___ Moderate ___ Severe ___

Uncontrolled, Aggressive or Violent Behavior: Yes No Mild ___ Moderate ___ Severe ___

Alcohol or Drug Abuse: Yes No Mild ___ Moderate ___ Severe ___

Infectious Diseases: Yes No _____

Allergies: Yes No _____

This Report is confidential and will only be used for the purpose of evaluating application for accommodation. If there is a lapse in time between application and occupancy, the Housing Authority may request an updated medical prior to move in.

Physician: _____ Signature: _____

Please Print

Phone: _____ Fax: _____ Date: _____

Thank you for assisting us with the health and welfare of our residents.

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Release Form

I _____, do hereby authorize the County of Stettler Housing Authority to perform the following:

Authorization For Room Access

- to allow the following person/persons access to my room in the event of my illness or death:

Name of Executor(s) _____ Phone: _____

I understand that should there be any change in the above designation, that it is my/our responsibility to provide written notification to the Housing Authority with the new authorized person/s. This information will be kept in your file and will remain confidential until such time as the information is required to be presented.

Init _____

Authorization To Release Personal Information

- to exchange only the necessary information with family, or service providers. I understand that this information will be kept confidential and that it will only be exchanged if it is believed to be in my best interest.

Init _____

Authorization To Release Personal Information/Photos

- to use photos of me for the purpose of the fire book, newsletters or promotional materials while I am a Resident of the County of Stettler Housing Authority.

Init _____

Resident Signature: _____

Date: _____

Resident Signature: _____

Date: _____

Witness: _____

Date: _____



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Temporary Lodge Accommodations Agreement

Services

The Authority agrees to provide the following Services:

- . Private furnished room with drapes
- . Weekly room cleaning
- . Three meals plus snacks daily. Meal times are 7:30 am (Breakfast), 12 Noon (Dinner), 5pm (Supper).
- . Weekly Linen Service (sheets & towels)
- . Activity Programming
- . 24 hours per day staffing and security

Respite Resident's Obligations

The Resident agrees to honor the following obligations:

- 5.1 **Function Independently**
- 5.2 **Safety** – Maintain the ability to operate any required mobility aide in a safe manner at all times.
- 5.3 **Support** – Designate a relative, or other responsible party to assist in times of emergency or illness.
- 5.4 **Personal Services** – Make arrangements directly with community agencies (i.e. Home Care) when personal and/or special care services are needed.
- 5.5 **Access** – Permit staff to enter their room during reasonable hours for cleaning, inspection, maintenance and emergencies.
- 5.6 **Aid in Maintenance** – Co-operate with the Authority in the care and maintenance of the Premises and promptly report to the Authority any accident, break or defect in the water, heating or electrical systems, or any other loss or damage to the Premises.
- 5.7 **Loss or Damage** – Be responsible for the replacement cost of Lodge keys and for repairs to Lodge property due to damage caused by the Resident.
- 5.8 **Compliance with Rules** - Agree to perform and abide by the rules and policies as set by the Board of the County of Stettler Housing Authority, currently and as amended from time to time, summarized in the Resident Handbook and in Schedule "A" or stated in the Housing Authority Policies.
- 5.9 **Indemnity** – Will repay and not hold the Authority, its employees or agents, responsible for any claims, demands, actions and costs that may arise out of any act or omission of the Resident in the performance of this Residency Agreement.

Rules and Regulations Summary

- 1. Smoking** Smoking is **NOT** permitted anywhere in our facilities. A smokehouse is available for smoking at each Lodge. Smoking in Lodge constitutes grounds for eviction.

- 4. Telephone** Is the responsibility of the Resident.

- 5. Mobility Aides** Are the responsibility of the Resident. Wheelchairs must have management approval.

- 6. Scooters** Are the responsibility of the Resident and are not permitted inside the Lodge.

- 7. Finances** Are the responsibility of the Resident.

- 8. Security** Lost or stolen articles are not replaced.
Entrance doors are locked and alarmed after 9:30 PM.
Residents must advise staff when away at meal time or overnight.

- 9. Illness/Injury** Medication is the responsibility of the Resident.
Ambulance may be called with or without the Resident’s consent.
Housing Authority staff does not assist with any medical or personal needs.

- 10. Personal Hygiene** Frequent bathing is required. A neat appropriate appearance is required at all times.
Personal laundry is the responsibility of the Resident.

- 11. Noise** The Resident and guests will be considerate of other Residents.

- 13. Meals** The Lodge does not cater to “special diets”. Only beverages, baked goods and fresh whole fruit are permitted to be taken back to a Resident’s room

- 14. Unauthorized Access** Residents are not permitted to enter the kitchen, the staff laundry area or any maintenance area such as the boiler rooms.

I have read, understand and agree to honor these rules and regulations for this Fixed Term Agreement

Start Date _____

End Date _____

Temporary Lodge Resident

Date

Temporary Lodge Resident’s Family/Emergency Contact

Date