



APPLICATION FOR ACCOMMODATION

Please Answer All Questions

Date of Application: _____

APPLICANT:	
Please (√) one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	
Surname: _____	First Name: _____
Present Address: _____	_____
Phone No: _____	Date of Birth: _____
Alberta Health Care Number: _____	(mm/dd/yr)

2nd APPLICANT (if applicable):	
Please (√) one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	
Surname: _____	First Name: _____
Present Address: _____	_____
Phone No: _____	Date of Birth: _____
Alberta Health Care Number: _____	(mm/dd/yr)

If you are unavailable at the phone number provided on page one, please provide an alternate contact person.

Surname: _____	First Name: _____
Phone No: _____	Relationship to Applicant: _____

GUARDIANSHIP / TRUSTEESHIP / POWER OF ATTORNEY

Do you have a **Guardian**? Yes No

If "Yes" please specify: Name: _____ Phone Number : _____

Do you have a **Trustee**? Yes No

If "Yes" please specify: Name: _____ Phone Number : _____

Do you have someone with **Power of Attorney**? Yes No

If "Yes" please specify: Name: _____ Phone Number : _____

PRESENT ACCOMMODATION

Present Accommodation is: House Apartment Other

Do you currently: Own Rent Live with family Other

Length of time at present address: _____

Who referred you to St. Andrew's Centre? _____

LANDLORD REFERENCE

Landlord Name (current): _____ Phone Number: _____

Landlord Name (if less than 2 yrs.): _____ Phone Number: _____

TYPE OF ACCOMMODATION APPLYING FOR:

- | | |
|---|--|
| <input type="checkbox"/> Bachelor Suite Inside | <input type="checkbox"/> Bachelor Suite Outside |
| <input type="checkbox"/> One Bedroom Suite Inside | <input type="checkbox"/> One Bedroom Suite Outside |
| <input type="checkbox"/> Two Bedroom Suite Inside | <input type="checkbox"/> Two Bedroom Suite Outside |

PLEASE (√) IF YOU ARE RECEIVING ANY OF THE FOLLOWING SERVICES:

- | | |
|---|--------------------------|
| <input type="checkbox"/> D.A.T.S. | |
| <input type="checkbox"/> Medical Alert System | |
| <input type="checkbox"/> Meals on Wheels | |
| <input type="checkbox"/> Day Program | (specify) _____ |
| <input type="checkbox"/> DVA Assistance | |
| <input type="checkbox"/> Mental Health Services | Case Manager Name: _____ |
| <input type="checkbox"/> Home Care | Case Manager Name: _____ |
| <input type="checkbox"/> Private Care | Contact Name: _____ |
| <input type="checkbox"/> Social Assistance / AISH | Case Manager Name: _____ |
| <input type="checkbox"/> Other | (specify) _____ |

MONTHLY INCOME

What is your net monthly income? _____

APPLICATION PROCESS

1. St. Andrew's Centre will require a **fully completed** application **signed** by the applicant(s) and the **application deposit** in order to process the application. St. Andrew's Centre will send confirmation of the received application.

2. If the applicant is eligible for housing, the applicants name will be added to the waiting list(s) of the location preference(s) as listed on the application.

3. When a suite becomes available, the applicant must view the suite and meet with the Suite Rental Coordinator. A family member may view the suite on behalf of an out of city applicant as a preliminary step.

4. After the suite has been viewed and accepted by the applicant, the applicant will be provided with St. Andrew's Centre medical form to be completed by the applicant's family physician. The applicant is responsible for any cost associated with having the medical form completed.

5. Once the completed medical form has been received by St. Andrew's Centre, an independent living assessment interview will be scheduled with the Health & Wellness Coordinator.

6. **A \$250.00 deposit is required with the application form.** The deposit is only refundable upon move in as a credit applied to the security deposit. **Otherwise, this deposit is non-refundable.**

I (We) _____

(applicant(s) name(s))

have read and understand the above Application Process and I (we) understand that my (our) application deposit is non-refundable.

(Applicant Signature)

(Date)

(2nd Applicant Signature)

(Date)

UNDERSTANDING AND CONSENT

1. I understand that St. Andrew's Centre is an apartment complex for seniors capable of independent living.
2. I understand that St. Andrew's Centre is not a care facility and in order to access care I must be an approved client of Alberta Health Services Home Care Program.
3. I understand that this is an application for residency only and not a rental agreement.
4. I understand that the personal information contained in this application is collected under the authority of the Alberta Housing Act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of the Personal Information Protection Act.
5. I understand that the personal health information contained in this application is collected for the purpose of determining eligibility for residency in St. Andrew's Centre. During residency, personal health information will be used to enable staff to assess and meet your health needs. Personal health information is protected by the Health Information Act.
6. I authorize St. Andrew's Centre to investigate any or all of the statements made by me in this application.
7. I am fully aware that discovery of any false statements made by me in this application will cancel my application.
8. I authorize St. Andrew's Centre to disclose information concerning my health and social needs with Alberta Health Services, its agents and employees, other health professionals and social service providers for the purpose of assessing my health and social needs, planning services to meet those needs, and to provide appropriate housing for me. This authorization is valid from this date forward unless revoked by me in writing.
9. I authorize St. Andrew's Centre to contact my landlords as indicated in this application for of a reference and to obtain rental history information for the purpose of determining eligibility for housing at St. Andrew's Centre.

(Applicant Signature)

(Date)

(2nd Applicant Signature)

(Date)