



ACCOMMODATION APPLICATION

Name: _____

Address: _____

Telephone: _____ Cellphone: _____

Date of Birth: _____ Marital Status: _____ Email: _____

SIN: _____ Alberta Health Number# _____

Doctor's Name: _____ Telephone: _____

Clinic: _____

Are you a Home Care Client? **Yes / No** (circle one)

Do you have family living in Kneehill County? **Yes / No** (circle one)

Do you require parking? **Yes / No** (circle one) (\$15.00 monthly charge during winter for plug-in)

Are you a smoker? **Yes / No** (circle one)

Do you have any special dietary requirements? **Yes / No** (circle one) If "Yes" please provide

details: _____

Do any of the following health concerns apply to you?

- | | |
|---|--|
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Depression/Mental Health Issues |
| <input type="checkbox"/> Alcohol or other substance abuse | <input type="checkbox"/> Cardiac/respiratory |
| <input type="checkbox"/> Oxygen Therapy Required | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Mobility-use of cane |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Mobility-use of walker |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Dementia/Wandering Behavior |

Why would you like to move into the Linden Lodge?

- I am having difficulty managing in my current accommodation
- My current housing not adequate
- I am moving closer to family
- There is no affordable housing for me in my current community
- I cannot easily access transportation/community services

Next of Kin and/or Emergency Contact

Name: _____ Phone: _____

Address: _____ Cell: _____

Relationship: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Cell: _____

Relationship: _____ Email: _____

Do you have a Personal Directive? **Yes / No** (circle one) If so, please provide us with a copy. If not, you will need to have one in order to move in.

Trustee/Guardian (if applicable)

Name: _____ Phone: _____

I understand that this information is required for the purpose of determining my suitability for residency in the Linden Lodge and I certify that the information provided to you is correct to the best of my knowledge.

Signature of Applicant

Date

A current Medical Examination Report fully completed by a physician will be required **BEFORE** applicants can be considered for residency.

Please return this application to the Site Manager at the Linden Lodge either via email at lindenlodgeadmin@gmail.com or Fax at 403-546-3150.