SENIORS RENTAL ACCOMMODATION

Information for Applicant

Thank you for your interest in rental accommodations for Seniors in the Regional Municipality of Wood Buffalo. To be eligible for seniors housing you must:

- Be a minimum of 65 years of age. If a couple is applying for housing at least one of the applicants must be 65 years of age.
- Must be a resident of Alberta for a minimum of three (3) months.
- Be functionally independent, or functionally independent with the assistance of community-based services.
- Total annual income must be below the income threshold for the Municipality. (Seniors Self Contained Only).

Rotary House, Legion Manor, Araubasca House and Woodsmoke Elders Lodge provide safe, pleasant, affordable housing in an environment promoting independence.

To assist you in completing the application process, the following information and forms are attached:

- Aging with Dignity – Seniors rental Accommodation Application Form
- Aging with Dignity – Medical Assessment Form
- Rotary House General Information Sheet
- Rotary House Fee Guide

All completed applications for seniors' accommodation must be submitted to Rotary House Seniors Lodge, 10116 Fraser Avenue, Fort McMurray, AB T9H 5E9. The forms may also be faxed to 780-791-1173.

Seniors Accommodation (Legion Manor, Araubasca House, Woodsmoke Elders Lodge)
Individuals applying for seniors' accommodations will be contacted by a representative of Wood Buffalo Housing for a personal interview once the completed application form has been received, reference checks completed, and we have a vacancy.

Lodge Accommodation (Rotary House)
For individuals applying for accommodations at Rotary House, to assist us in processing and adjudicating your application as quickly as possible, it is important for you to follow the steps below:

- Complete the application and medical assessment forms in their entirety and return them to Rotary House, 10116 Fraser Avenue, Fort McMurray, AB T9H 5E9. The forms may also be faxed to 780-791-1173.
- A representative from Wood Buffalo Housing will contact you and/or your family for a personal interview once the completed application form and medical assessment have been received and we have a vacancy.

As this process will take some time to complete, your cooperation is appreciated in following all steps completely and timely for us to assist you in a smooth transition to Rotary House.

If you require additional information or clarification, please contact Rotary House administration at 780-791-1160.

FREQUENTLY ASKED QUESTIONS

What is the difference between Self-Contained and Lodge?
Self-Contained Housing has kitchens for you to do your own cooking and you would do your own cleaning. This housing is similar to living in any apartment building, but this property is dedicated to seniors.

In a Lodge, you have a private room with your own washroom, meals are provided in the common dining area, there is weekly housekeeping, and non-medical staff are available 24 hours a day.

How long is the wait?
Applicants are prioritized based on their needs. If you have a high housing and service needs and are flexible about location the wait time could be shorter. If you only want a specific location and your need is relatively low, then your wait could be longer.

Can I apply before I'm 65?
You must be 65 to apply for Self-Contained and Lodge. For couples, one person needs to be at least 65 years of age.

Do I need a medical before applying for Self-Contained or Lodge?
Yes, a medical is required for Lodge. You can submit the application as long as a medical is to follow in the near future. We cannot add you to our waiting list until the application and the medical is complete.

No medical is required for Self-Contained.

Are pets allowed?
Pets are not permitted at the Lodge. At Self-Contained ***cats*** are permitted if they are registered in the 9 Lives Program through the Fort McMurray SPCA. Service dogs are permitted granted proper documentations are available upon request.

Do you have medical staff?
No. Individuals requiring medical supervision are not eligible for our accommodations as we do not have medical staff at any of our locations. Seniors living at Self-Contained, and Lodge must be functionally independent. Many of our residents can receive Home Care from Assisted Living Alberta (formerly AHS)

How do I become a Home Care client?
You must first call North Zone Home Care at 1-855-371-4122. Once you are registered, they will assign you to a case manager.

What will being a Home Care client mean at the Lodge or Self-Contained?
A home care client only means that they have scheduled care, ***NOT*** constant care throughout the day 24/7. You are required to be functionally independent; home care is a tool to assist you so that you can remain in the Lodge/Self-Contained for as long as possible.

What is functional independence?
Functional independence is the physical, mental, and emotional ability to look after your own personal needs and be able to interact socially with other residents.

Some examples of ***functional independence*** include:

- Able to maintain your room in a tidy condition.
- Live amicably with fellow residents and staff.
- Willing to follow the residential lease and or terms of occupancy agreement.
- Maintain appropriate personal hygiene.
- Able to get from your room to the dining room for meals without assistance

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Seniors Rental Accommodation Application

Eligibility Requirements:

- Must be a minimum of 65 years of age or, if a couple, at least one applicant must be 65;
- Must have resided in Alberta for a minimum of three (3) months;
- Must provide required supporting documents as stated below

Note: This application is valid for a period of one (1) year from date of receipt.

This application will <u>NOT</u> be processed unless ALL questions are fully answered and provided with COPIES of:

- ***ALBERTA HEALTH CARE CARD(S)***
- ***MOST RECENT NOTICE OF ASSESSMENT; AND***
- ***PHOTO ID***
- ***PROOF OF CANADIAN CITIZENSHIP***

Return completed application to:

Rotary House Seniors Lodge
10116 Fraser Avenue
Fort McMurray, AB T9H 5E9

The personal information in this form is being collected by Wood Buffalo Housing under section 4 of the Alberta protection of Privacy Act (POPA) for the purpose of administering applications for subsidized housing or rental benefits. If you have questions regarding the collection of this information, please contact Management at 780-791-1160 or by mail at 10116 Fraser Avenue, Fort Mcmurray AB T9H 5E9.

If a translator was required to complete this application, please provided the following:

NAME: _____

PHONE NUMBER: _____

ROTARY HOUSE

Supportive Housing for Seniors

GENERAL INFORMATION

Wood Buffalo Housing is pleased to announce an alternative community living choice for senior citizens in Fort McMurray. Lodge living promotes a high quality of life for the functionally independent senior. Rotary House will provide safe, pleasant, affordable housing in an environment promoting independence, where seniors are treated with dignity and respect.

There are many advantages to Lodge living:

- Healthy, nutritious meals and snacks served in a central dining room, and family and friends are welcome for a nominal fee with minimum of 24 hours' notice;
- Amenities such as weekly housekeeping and linen changes, personal laundry facilities or fee-for-service for those who wish to have their laundry done for them;
- Social and recreational opportunities coordinated by an in-house activity coordinator, and volunteer programs to assist with participation in community activities;
-
- Personal items brought in by residents are subject to management approval and as space permits;
- Common area to facilitate social gatherings including meeting with family and friends;
- Hair dressing station to allow for personal hairdresser to come as needed.

To assist us in meeting our residents' needs, an extensive eligibility process has been devised. Applicants must be a resident of Alberta for three (3) months prior to the application date. Lodge applicants ***must*** be independent, able-bodied and cognitively aware. Community-based services can be accessed to assist with such things as personal care or medication assistance. Rotary House does not provide these services directly as we are not a nursing care facility.

A priority rating system takes into consideration the prospective resident's need for subsidized housing, independence in daily activities and day-to-day living and how much benefit would be derived from living in a supportive housing environment.

We hope this information has been helpful and informative in assisting you with your decision to pursue Lodge living. If you require additional information, please feel free to contact Rotary House Administration at 780-791-1160.

LODGE RATE FEE STRUCTURE

- All residents will pay a monthly $693.00 non-shelter fee. All residents must be left with at least $373 in monthly disposable income.
- The rental rate is based on 30% of your household income from line 15000 on your Notice of Assessment.
- The total fee for single occupancy will cap at an amount of $ 1,555.00 per month.
- The total fee for double occupancy will cap at an amount of $ 2,185.00 per month.
- If one person is left alone occupying a double room, the single rate is charged pending a mandatory move to the first available single unit.
- Parking will cost $10 per month for the months of November, December, January, February, March, and April.
- Laundry services for residents' personal laundry will be available at a cost of $50.00 per month. Please notify the Administration if you decide to use this service.
- A washer and dryer will be available for residents' personal use at no charge; cleaning products will not be provided.
- Residents who wish to acquire cable or phone service are responsible for making arrangements to contract through the applicable service provider.

MONTHLY SERVICE FEE FOR RESIDENTIAL FACILITIES

The following items are included in the monthly service fee:

- heat – water – gas;
- pre-wired outlet for telephone and cable;
- in-room kitchenette with small refrigerator and microwave;
- emergency response call system (LIFELINE);
- window coverings;
- air conditioning in rooms and common areas;
- weekly housekeeping (includes vacuuming, cleaning of bathroom, kitchenette, floors and changing bed linens);
- yearly spring cleaning (washing walls, windows, etc.);
- individual mail box with key;
- smoke detectors and fire sprinklers in rooms and common areas;
- fire alarm monitoring;
- 24-hour staffing
- emergency lighting;
- laundry room with complimentary machines;
- common dining room & refreshment area;
- three (3) well-balanced meals and snacks daily; and
- landscaping and snow removal.
- Recreational activities

Support Services:

- professional on-site management;
- a fee-for-service hair salon;
- access to scheduled recreation and leisure services programs (social, arts, entertainment, and fitness);
- reasonable repairs and maintenance; and
- personal Laundry Service @ $50.00 a month per person.
- Therapeutic tub for Homecare client
- Patio and walkway access to pond

Meal Services:

- three (3) well balanced meals and snacks under the Canada Food Guide; and
- coffee, tea, juice, milk, fruits and snacks are available at all times.

The following items are <u>not</u> included in the monthly service fee:

- telephone;
- cable;
- internet;
- personal laundry;
- additional activities and outings where participation fees may apply;
- guest services including meals and accommodation; and
- access to scheduled transportation for local shopping and appointments for a minimal fee (public transit and TOK Bus).
- Units are not furnished

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Application for Accommodation

APPLYING FOR:
- ❒ Seniors Accommodation (Legion Manor, Araubasca House)
- ❒ Rotary House **(Medical Assessment Required)**
- ❒ Woodsmoke Elders Lodge (Anzac)

Applicant Information *(please print)*: **File No. _____**

Date: _____

Surname: _____

First Name: _____

Current Address: _____

Permanent Address: _____

Phone (Home): _____

Phone (Alternate): _____

Date of Birth: _____

Email Address: _____

Spouse/Common Law Partner Information: (*if applicable)*

Please check appropriate box:
- ☐ Spouse
- ☐ Friend
- ☐ Family Member (specify) _____
- ☐ Other (specify) _____

Surname: _____

First Name: _____

Current Address: _____

Permanent Address: _____

Phone (Home): _____

Date of Birth: _____

If you are unavailable at the above noted telephone number, please provide an alternate contact person:

Name _____ Telephone Number _____

Type of accommodation applying for:

Please check appropriate box:

❒ Single Occupancy ❒ Double Occupancy ❒ Wheelchair Accessible

Who referred you to Housing for Seniors:

Please check appropriate box:

❒ Family ❒ Doctor ❒ Home Care
❒ Advertisement ❒ Other ❒ Hospital/Care Centre
❒ Family Community Support Service

Next of Kin:

Surname: _____

First Name: _____

Current Address: _____

Phone (Home): _____

Phone (Alternate): _____

Relationship: _____

Email Address: _____

Alternate Contact:

Surname: _____

First Name: _____

Current Address: _____

Phone (Home): _____

Phone (Alternate): _____

Relationship: _____

Email Address: _____

Family Doctor:

Name: _____

Current Address: _____

Phone: _____

Last Will and Testament:

Do you have a will in place? ☐ Yes ☐ No
A copy of your Last Will and Testament will be requested prior to moving in.

Personal Directive:

_____

_____

_____

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Application for Accommodation

Residency:

How long have you lived in Alberta? _____

Citizenship:

Are you a Canadian Citizen? ❒ Yes ❒ No

If NO, please check status and provide your Immigration papers.

Landed Immigrant ❒ Yes ❒ No
Independent Status ❒ Yes ❒ No
Private Sponsorship ❒ Yes ❒ No

Is an interpreter required? ❒ Yes ❒ No

If yes, please provide name of interpreter: _____ _____
Name Phone Number

Present Accommodation:

❒ House ❒ Apartment ❒ Other _____
❒ Rooming House ❒ Motel/Hotel

How long have you lived at your present address? _____ Months _____ Years

Is your accommodation shared? ❒ Yes ❒ No

If yes, number of: _____ Adults _____ Children

_____ Bedrooms _____ Bathrooms

What are your present monthly payments:

Rent $_____ Mortgage $_____ Other $ _____

Heat $_____ Power $_____ Water $_____

Most recent Landlord: _____

Address: _____

Phone Number: _____

If less than two (2) years previous Landlord:

Name: _____

Address: _____

Phone Number: _____

IF YOU HAVE BEEN GIVEN A NOTICE TO VACATE, PLEASE SUBMIT A COPY OF THE NOTICE AND REASON FOR SAME.

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Application for Accommodation

PLEASE CHECK IF YOU ARE RECEIVING ANY OF THE FOLLOWING SERVICES:

❒ TOK Bus ❒ Life Line ❒ Meals on Wheels ☐ Home Care

Day Program (specify): _____

Department of Veteran Affairs Assistant: _____

Mental Health Services (provide contact name): _____

Home Care (provide contact name): _____

Private Care (provide contact name): _____

Social Assistance/A.I.S.H Worker (provide contact name): _____

Other (specify): _____

If your application is approved, when are you prepared to move? _____

Other Comments:

_____

_____

_____

Financial Information (Monthly Income)

DESCRIPTION	APPLICANT	2ND APPLICANT
Old Age Security and Guaranteed Income Supplement		
Alberta Seniors Benefit		
Spouse Allowance		
Canada Pension Plan		
Company Pension		
War Veterans Allowance		
War Disability Pension		
Alberta Social Assistance		
Assured Income for Severely Handicapped (A.I.S.H.)		
Alimony		
Other Income (specify)		
SUBTOTAL		
INVESTMENT INCOME	**MONTHLY $**	**MONTHLY $**
Interest on Chequing/Savings Accounts		
R.R.S.P/R.R.I.F.		
Term Deposits/GIC's		
Stocks		
Bonds (Canada Savings Bonds/Alberta Bonds)		
Annuities		
Rental Property		
Other		
Other		
SUBTOTAL		
MONTHLY TOTAL		

Please provide a copy of your annual Notice of Assessment from previous year's taxes.

Are you currently employed? ❒ Yes ❒ No

If yes, please provide name and address of employer:

Name: _____

Address: _____

I hereby understand and agree that 24-hour medical care is not to be provided in the Lodge and that should I require 24-hour medical care, I am willing to move to the appropriate accommodation. I also hereby authorize Wood Buffalo Housing /Rotary House to do any required reference checks while assessing my application for admission.

_____
Signature of Applicant

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Application for Accommodation

TARGET POPULATIONS & AUTHROIZATION

Target Populations	
I identify as a member of the following minority populations: ☐ Indigenous Peoples ☐ People with disabilities ☐ Recent Immigrant or Refugee ☐ People who identify with diverse concepts of sexual orientation, gender identity, and expression (LGBTQ2S+ people) ☐ Other Racialized Group	I am currently experiencing or at risk of the following: ☐ Fleeing Domestic Violence* ☐ Dealing with mental health and/or addiction* ☐ Homelessness or transitioning out of homelessness supports* ☐ Veteran * And working with appropriate supports and services to support stable housing
Please be advised that all information above is protected under the Alberta Human Rights Act and disclosing any of that information will not result in harassment, discrimination, or any other penalty towards your application. The personal information in this form is being collected by Wood Buffalo Housing under section 4 of the Protection of Privacy Act (POPA) for the purpose of administering applications for subsidized housing or rental benefits. If you have any questions regarding the collection of this information, please contact (780)-791-1160	

_____

Signature of Applicant

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Application for Accommodation

PERMISSION TO OBTAIN RENTAL REFERENCE

I/We _____ hereby give Wood Buffalo Housing, Seniors Housing Division permission to make any inquiries to the references and/or obtain verifications to any of the information submitted on my/our application.

I/We further understand that this application does not constitute an agreement on the part of Wood Buffalo Seniors Housing Division, or its agents, to provide me with rental accommodation.

I/We further acknowledge the right of Wood Buffalo Seniors Housing Division, or its agents, at any time prior to the execution and delivery to me or of lease hereby applied for, to withdraw, revoke or cancel without penalty or given notice.

I/We further agree that I/we am/are obligated to advise Wood Buffalo Seniors Housing Division, or its agents, in writing, of any changes in family composition, gross family income, assets, employment or change of address, should they occur.

I/We also agree that the information provided by me/us pertains to ALL persons named within this application.

Dated this _____ day of _____, 20____.

_____ _____

Applicant (Please Print) Signature

_____ _____

Witness (Please Print) Signature