PO Box 790
Fort Macleod, AB
T0L 0Z0

Administration: 403-553-3662
cao@wcfound.com

MACLEOD PIONEER LODGE
APPLICATION FOR ACCOMMODATION

Please return completed form to:
Pioneer Lodge
660 – 28th Street, PO Box 790,
Fort Macleod, AB T0L 0Z0

____
APPLICANT NAME

____
CO-APPLICANT NAME

Please note that an incomplete application will not be processed.

Application will be kept on file for one (1) year. After one year has passed, it is your responsibility to complete a new application.

This application consists of four (4) parts:

1. **Application for Accommodation**
2. **Application for Accommodation – Medical Report**
3. **Application for Accommodation - FOIP**
4. **Application for Accommodation – Financial Information**

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This confidential information is being collected in accordance with the Alberta Housing Act, in that it relates directly to and is necessary to determine eligibility of applicants for the Pioneer Lodge program.
Personal information contained herein may be disclosed if deemed necessary to assess eligibility of applicants.
For further information please contact administration at 403-553-3662.

Please note that applications will not be processed until completed in full.

PLEASE PRINT CLEARLY

Full (Legal) Name (s): ____
Surname s Given Names

Phone (H):_______________ (Cell): ________________ Email: ________________________

Address: ____________________________________ ____________________________
Street Address Mail Address City Postal Code

Date(s) of Birth: ________________________________ __________________________
Month/Day/Year Month/Day/Year

Alberta Health Care # _______________________ ___________________________

Marital Status: ☐ Married ☐ Adult Interdependent Relationship ☐ Single ☐ Widow/Widower ☐ Divorced/Separated

Citizenship: ☐ Canadian Citizen ☐ Landed Immigrant ☐ Other

Name and address of responsible party to be notified in case of an emergency:

1. _____________________________________ Relationship: _________________________

Address: _______________________________ Email: ________________________________

Phone: __________________(H) ____________________(W) _____________________(Cell)

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Name and complete address of alternate contacts:

2. ______________________________ Relationship: ____________________

Address: __________________________ Email: __________________________

Phone: ______________(H) ________________(W) _________________(Cell)

3. ______________________________ Relationship: ____________________

Address: __________________________ Email: __________________________

Phone: ______________(H) ________________(W) _________________(Cell)

Please indicate the reasons(s) you are applying for lodge accommodation:

☐ Preparing nutritious meals is difficult
☐ Not eating properly, poor appetite
Do you receive Meals on Wheels? ☐ Yes ☐ No

If yes, how often? ______________________________

What type of activities do you participate in? ______________________________

____

What method of transportation do you use? ☐ own car ☐ Handi Bus ☐ other

If other, please specify: ____

If you are requesting immediate placement, please provide details why: ____________

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☐ Do not feel secure in current accommodation

☐ Find current accommodation lonely

Do you use any mobility aids? ☐ Yes ☐ No

If yes, what type: ☐ Cane ☐ Walker ☐ Manual Wheelchair ☐ Electric Wheelchair ☐ Other

Do you receive Homecare to help with personal care and/or bathing assistance: ☐ Yes ☐ No

☐ Difficulty maintaining upkeep of current accommodation, i.e. yard-work and snow shoveling

☐ Housekeeping is too much to handle

☐ Concerns regarding the use of stairs, specifically:
- ☐ Entry Stairs
- ☐ Laundry in Basement
- ☐ Bedrooms on 2nd level

☐ Sharing accommodations with family or other

Do you share bathroom facilities? ☐ Yes ☐ No

Do you currently: ☐ Own ☐ Rent ☐ Live with family ☐ Other ☐ Social Housing

If renting, name of Landlord: ____________________________ Phone No: ____________

How many people reside with you: ______________________
Has your current housing had bed bugs? ☐ Yes ☐ No
Do you receive the Alberta Seniors Benefit? ☐ Yes ☐ No If yes, amount $____________

Other ____

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INSURANCE:
Please list the name of the Insurance Company that insures your personal belongings:

Company: ____

Policy Number: ____

WILL
Do you have a will? ☐ Yes ☐ No
If yes, please indicate:

____
Name of Executor

____
Address Telephone

PERSONAL DIRECTIVE:
Do you have a personal directive? ☐ Yes ☐ No
If yes, please indicate:

____
Name of Agent

____
Address Telephone

LEVEL OF CARE:
Do you have a Level of Care? ☐ Yes ☐ No

____
Name of Agent

____
Address Telephone