
MACLEOD PIONEER LODGE APPLICATION FOR ACCOMMODATION

Please return completed form to:

Pioneer Lodge

660 – 28 Street, PO Box 790,

Fort Macleod, AB T0L 0Z0

Or email to: cao@wcfound.com

Applicant Name(s): _____

Phone #: _____

Today's Date: _____

*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 two (2) parts:

1. Application for Accommodation
2. Application for Accommodation – Medical Report

*Once your application has been approved, we will require these documents:

1. Your will (1st page only)
2. Personal Directive
3. Power of Attorney
4. Level of Care (green sleeve)

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.

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): _____

Phone (Home): _____ Cell: _____

Email: _____

Address: _____

Street Address

Mail Address

City

Postal Code

Date(s) of Birth: _____

Month/Day/Year

Month/Day/Year

Alberta Health Care #: _____

Name

Name

Marital Status: Married Adult Interdependent Relationship Single

Widow/Widower Divorced/Separated

Citizenship: Canadian Citizen Landed Immigrant Other

Pioneer Lodge
Chinook Arch Manor
Colonel Macleod Manors 1 and 2

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

- Preparing nutritious meals is difficult
- Not eating properly, poor appetite
- Do not feel secure in current accommodation
- Companionship, find current accommodation lonely
- Difficulty maintaining upkeep of current accommodation, e.g.: yard work and snow shoveling too much to handle
- Housekeeping 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
- Medical reasons. Please explain:

Do you currently 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:

Do you use 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

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 \$ _____