



**340175 ALBERTA SOCIETY
GRANDE PRAIRIE RESIDENTIAL SOCIETY**

RETURN C/O: ALBERTA HEALTH SERVICES
HOME CARE OFFICE
10121 - 97 Avenue, Virene Building
GRANDE PRAIRIE, AB T8V 0N5 Fax: 780-532-2477
Or
Grande Spirit Family Housing Office
Margaret Edgson Manor
#111, 11010 – 107A Avenue
GRANDE PRAIRIE, AB T8V 8L3 Fax: 780-882-6774

TENANT APPLICATION

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE NO: _____

SEX: _____ MARITAL STATUS: _____ NAME OF GUARDIAN _____

NAME OF TRUSTEE _____

OTHER PERSONS WHO WILL OCCUPY UNIT: NAME: _____

RELATIONSHIP: _____

NAME: _____

RELATIONSHIP: _____

DATE UNIT IS REQUIRED: _____

WILL YOU REQUIRE A 1, 2 OR 3 BEDROOM UNIT? _____

DO YOU HAVE THE CARE YOU NEED TO LIVE INDEPENDENTLY? _____

WILL YOU REQUIRE ADDITIONAL SUPPORT IN THIS HOUSING UNIT? _____

IF YES, DO YOU REQUIRE ASSISTANCE IN ACQUIRING THAT SUPPORT? _____

WOULD YOU BE WILLING TO SHARE A UNIT WITH ANOTHER APPLICANT? _____

WOULD YOU BE WILLING TO SHARE AN AIDE WITH ANOTHER APPLICANT? _____

PRESENT
ACCOMMODATIONS _____

WHY DO YOU WANT TO MOVE? _____

HAVE YOU EVER LIVED ON YOUR OWN BEFORE? _____

DO YOU RESIDE IN THE GRANDE PRAIRIE AREA? _____

If so, for how long? _____ Have you lived in the Peace Regional in the past? ___ Where _____

DIAGNOSIS/DISABILITY: _____

SOURCE OF INCOME: _____

TOTAL MONTHLY: _____ ANNUAL: _____

COMMUNICATION ABILITY YES NO PARTIAL

ARE YOU ABLE TO USE THE TELEPHONE? _____

COMMUNICATE BY SPEECH? _____

COMMUNICATE BY OTHER MEANS? _____

TRANSPORTATION (Normally Used)

ACTION VAN _____ TAXI _____ OWN VEHICLE _____ OTHER _____

MOBILITY (F/T – Full time P/T Part Time)

STANDARD WHEELCHAIR _____ CRUTCHES _____ WALKER _____ CANE _____
F/T ___ P/T___ F/T ___ P/T___ F/T ___ P/T___ F/T ___ P/T___

POWER WHEELCHAIR _____ SCOOTER _____ OTHER _____
F/T ___ P/T___ F/T ___ P/T___ F/T ___ P/T___

CAN USE INDEPENDENTLY _____ REQUIRE ASSISTANCE _____

SPECIAL EQUIPMENT

LIST ANY SPECIAL EQUIPMENT YOU ARE NOW USING: _____

PERSONAL CARE ASSISTANCE REQUIRED

| | NONE | PARTIAL | TOTAL | | NONE | PARTIAL | TOTAL |
|--------------------|-------|---------|-------|------------|-------|---------|-------|
| FEEDING | _____ | _____ | _____ | BATHING | _____ | _____ | _____ |
| DRESSING | _____ | _____ | _____ | SHOWERING | _____ | _____ | _____ |
| WASHING HANDS/FACE | _____ | _____ | _____ | SHAVING | _____ | _____ | _____ |
| COMBING HAIR | _____ | _____ | _____ | SHAMPOOING | _____ | _____ | _____ |

WHAT ASSISTANCE DO YOU REQUIRE AT NIGHT? _____

HOMEMAKING ASSISTANCE REQUIRED

| | <u>NONE</u> | <u>PARTIAL</u> | <u>TOTAL</u> |
|------------------|-------------|----------------|--------------|
| MEAL PREPARATION | _____ | _____ | _____ |
| CLEANING | _____ | _____ | _____ |
| LAUNDRY | _____ | _____ | _____ |
| BUDGETING | _____ | _____ | _____ |

REFERENCES

PLEASE GIVE 1 PERSONAL REFERENCE (NOT INCLUDING FAMILY) AND 1 RENTAL REFERENCE

NAME: _____ PHONE NO.: _____

ADDRESS: _____
_____ RELATIONSHIP: _____

NAME: _____ PHONE NO.: _____

ADDRESS: _____
_____ RELATIONSHIP: _____

NAME OF PHYSICIAN: _____ PHONE NO.: _____

ADDRESS: _____

I HEREBY AUTHORIZE 340715 ALBERTA SOCIETY (GRANDE PRAIRIE RESIDENTIAL SOCIETY) TO OBTAIN AND USE SUCH MEDICAL AND SOCIAL REPORTS AND INFORMATION AS MAY BE REQUIRED.

DATE: _____ SIGNATURE: _____