



## RESIDENT APPLICATION

### Lodge Whispering Waters Manor

#### IMPORTANT



Please review the checklist and make sure that all documents are included when this application is submitted.

Remember to sign the application declaration.

Missing information will delay the processing of your application.

**Submit** your completed application in-person with supporting documents to:

**Whispering Waters Manor**  
5303-47 Street,  
Stony Plain, AB  
T7Z1P1

Ph. 780-963-2149  
Fax. 780-963-0923

#### Criteria

Applicants must be:

- 65 year of age or older
- Independent
- Resident of Contributing Municipality (Parkland County, Spruce Grove, Stony Plain or Wabamun) for +1 year

#### Application Process

All applications will be scored according to need, and priority will be given to those in greatest need of lodge accommodations.

Meridian Foundation uses a point scoring tool legislated by the Government of Alberta to determine waiting list priorities.

Rents are set at a flat rate. A subsidized rate is available to eligible applicants. Meridian Foundation ensures that each resident residing in our lodge is left with at least \$322.00 a month in disposable income after paying their monthly basic rent rate.

Applicants should schedule an interview with our Housing Administrator as part of their application process. And if successful, they will be placed on our waiting list. If a suite becomes available, another interview will be required prior to offer.

Applicants who are on the waiting list for more than one year will be asked if they want to continue with their applications.

Applicants who have been offered accommodations and refused the accommodations three times will be removed from the waiting list.

#### Privacy Statement

The personal information collected on this form will be used for the purpose of determining eligibility of applicant for housing with Meridian Foundation. This information is collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act. Contact the FOIP Coordinator at 780-963-2149 or [privacy@meridianfoundation.ca](mailto:privacy@meridianfoundation.ca)

**Retain this Cover Sheet for your records/information.**

**Return Application to Meridian Foundation Office.**

**Application Checklist:**

- Fully Completed Application Pages 1 and 2.
- Signed Declaration (Application Page 3).  
*This can be commissioned by **OUR** staff.*
- Completed ADMIN New Resident 1 Personal Information.
- Medical form  
*Signed and completed in full by your doctor.*
- Notice of Assessment for current year (or supporting documentation).



# MERIDIAN FOUNDATION RESIDENT APPLICATION

Lodge (Page 2)

Do you NEED to move out of your current location? If **YES**, please explain:

- Yes
- No

What other reasons do you have for moving:

## Personal Needs Information

In which of the following areas do you have difficulty?

- Using stairs
- Preparing meals
- Laundry
- Housekeeping
- Shopping

Which **Home Care** Support Services do you currently use?

- Bath Assist
- Meals on Wheels
- Medication Help
- Other \_\_\_\_\_

Mobility Aides:

- Wheelchair
- Walker
- Other \_\_\_\_\_

Are you a smoker?

- Yes
- No

Do you have your own vehicle?

- Yes
- No

Parking Waitlist request:

- Vehicle
- Scooter

Is there any other information you wish to provide for your application for housing with Meridian Foundation?

Statutory Declaration

CANADA

PROVINCE OF ALBERTA  
TO WIT:

IN THE MATTER OF THIS APPLICATION FOR  
HOUSING ACCOMMODATIONS WITH  
MERIDIAN FOUNDATION.

I, \_\_\_\_\_ of \_\_\_\_\_ in the Province of Alberta,  
*Name of Applicant Municipality of Applicant*

do solemnly declare as follows:

- this is my/our application; and
- all the information in it is correct and complete to the best of my/our knowledge.

**I/We authorize:**

- Meridian Foundation to make any inquiries that are necessary to verify the information given in this application;
- any person, corporation or social agency to release to Meridian Foundation any information pertinent to the assessment of my/our application; and
- members of Meridian Foundation to receive and exchange with credit bureaus and my/our previous landlords credit and other tenancy information about me/us, to be used in the decision-making process to provide me/us with housing;

**I/We understand:**

- that this application is not an agreement on the part of Meridian Foundation or its members to provide me/us with housing;
- that if I/we are being considered for an available unit, Meridian Foundation may gather additional information in order to assess my/our ability to uphold the obligations of a tenancy agreement and it is my/our responsibility to provide or cause to be provided information requested to assist with this assessment;
- that it is my/our responsibility to tell Meridian Foundation of any changes to the information given in this application and to provide any supporting materials required;
- that false information given by me/us may result in my/our application being cancelled from consideration; and
- that Meridian Foundation at any time prior to the execution and delivery to me of a lease hereby applied for, to with draw, revoke or cancel without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as it made under oath.

DECLARED before me

At \_\_\_\_\_ in the Province of \_\_\_\_\_  
*Municipality Province*

this \_\_\_\_\_ day of \_\_\_\_\_,  
*day month*

20\_\_\_\_\_.  
*year*

\_\_\_\_\_  
*Signature of the Applicant*





# RESIDENT APPLICATION

## Medical Exam Report – Lodge/Independent Lodge

**IMPORTANT**



Please complete the report in full including all relevant medical information concerning the applicant.

**Our office:**  
 5303-47 Street,  
 Stony Plain, AB T7Z1P1  
 Tel. 780-963-2149  
 Fax 780-963-0923

*Applicant Legal Name (Printed)*

**Consent to Release Medical Information**

*I hereby authorize the release of the following medical information to Meridian Foundation.*

[Signature Line]

[Date Line]

*Signature*

*Date*

*Witness Name (Printed)*

*Witness Signature*

*Date*

**Application Process**

All applicants for housing with Meridian Foundation are required to submit a current medical report with their application.

Any cost associated with completing the medical report is the applicant's responsibility.

**Thank You to Doctor**

Thank you in advance for completing this medical report in its entirety. If you have any questions about the information contained in this questionnaire, please contact the Meridian Foundation Office.

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# MERIDIAN FOUNDATION RESIDENT APPLICATION

Medical Exam Report (Page 2 of 2)

Applicant Legal Name (Printed)

## Medical Information

*Self Care*

Yes No

- Manages own personal hygiene
- Continent of urine
- Continent of feces
- Colostomy- Independent

*Applicant Independence*

Yes No

- show signs of dementia
- has difficulties communicating
- requires home care services

*Mobility::*

- Walks without help
  - Walks with help (Aids)
  - Uses wheelchair
- If Yes, transfers unassisted?*
- Yes  No

*Dietary Concerns*

- Diabetic
- Food Allergy

*Known Allergies*

Do you consider this applicant to be suitable mentally and physically to look after himself/herself in a communal living setting where only limited support and Home Care are available?

- Yes  No

*Comments/Health History*

## Doctor Declaration and Information

I hereby declare that all the information in this document is correct and complete to the best of my/our knowledge.

[Signature Area]

Doctor Name (Printed)

[Signature Area]

Signature

[Signature Area]

Date

Provincial License #

Specialization

Years Applicant Under Your Care

Clinic/Address

Clinic Telephone Number





# NEW RESIDENT Personal Information

<i>Resident (1) Name</i>		<i>Date of Birth (MMM- DD- YYYY)</i>	<i>AHC#</i>	
<i>Food Allergies</i>			<i>Diabetic</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Vehicle YEAR and MAKE (if applicable)</i>		<i>Vehicle License Plate Number</i>		
<i>Resident (2) Name</i>		<i>Date of Birth (MMM- DD- YYYY)</i>	<i>AHC#</i>	
<i>Food Allergies</i>			<i>Diabetic</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Vehicle YEAR and MAKE (if applicable)</i>		<i>Vehicle License Plate Number</i>		
<b>Next of Kin - Primary</b>				
<i>Name</i>		<i>Relationship</i>		<i>Phone Number</i>
<i>Email</i>			<i>Cel Number</i>	
<b>Next of Kin - Secondary</b>				
<i>Name</i>		<i>Relationship</i>		<i>Phone Number</i>
<i>Email</i>			<i>Cel Number</i>	
<b>Executor</b>				
<i>Name</i>		<i>Relationship</i>		<i>Phone Number</i>
<i>Email</i>			<i>Cel Number</i>	
<b>For Office Use</b>	<i>Phone Number</i>		<i>Suite</i>	<i>Building</i>
	<i>Inspection</i> <input type="checkbox"/> ID# _____		<input type="checkbox"/> Void Cheque <input type="checkbox"/> Security Deposit <input type="checkbox"/> Medi-Pendant <input type="checkbox"/> Insurance	<input type="checkbox"/> Laundry <input type="checkbox"/> Meals <input type="checkbox"/> Parking <input type="checkbox"/> Cardx <input type="checkbox"/> Direct Debit <input type="checkbox"/> Keys <input type="checkbox"/> Pendant
	<i>Move in Date</i>			

The personal information collected on this form will be used for the purpose of maintaining a resident file for operational purposes including creating a contact sheet for residents and managing Meridian Foundation parking facilities. This information is collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act. If further information is required, contact the Meridian Foundation FOIP Coordinator at 780-963-2149 or [privacy@meridianfoundation.ca](mailto:privacy@meridianfoundation.ca).