
∞ Métis Capital Housing Corporation

11922 121A Street Edmonton, Alberta T5L 0A2 Ph 780 452 6440 Fax 780 452 1076

Nihgi Metis Seniors Lodge Application

11935 – 65 Street Edmonton, AB T5W 4L5

Phone: 780-471-2443 / Fax: 780-474-2441

(Please fill in your personal information you consent to share with Nihgi Metis Seniors Lodge within Part 1, Part 2 and Part 3 of this Application Form)

Part 1 of 3

Name:

Surname: First Name: Initial:

Current Address: _____ City: _____, AB Postal Code: _____

Primary Contact #: _____ Secondary Contact #: _____

Status: Single: Married: Widow / Widower: Divorced:

Date of Birth: ____/d____/m____/yr

AHC #: _____ Alberta Blue Cross #: _____

DATS #: _____ SIN #: _____

Vehicle License Plate # (if applicable): _____ Vehicle Type & Color: _____

Emergency Contact: Name & Address of responsible relative or friend.

(1) Name: _____ Relationship: _____

Address: _____ Telephone #: _____

Alternative Telephone #: _____ Fax #: _____

(2) Name: _____ Relationship: _____

Address: _____ Telephone #: _____

Alternative Telephone #: _____ Fax #: _____

Part 2 of 3

(1) *Family Physician Name:*

Address: _____ Phone #: _____

(2) *Support:*

Family / Friend Support: Yes: No:

Day Program: Yes: No: Mental Health: Yes: No:

Home Care: Yes: No: Other: _____

(3) *Banking:*

Self: POA: Enduring POA: Trustee: Guardian: Other:

(4) *How would you describe your health in the past year?*

Physical: Excellent: Good: Fair: Poor:

Emotional: Excellent: Good: Fair: Poor:

(5) *How many times have you been to the emergency or the hospital in the past year?* _____

(6) *Have you had any falls in the last year?* No: Yes: # of falls: _____

(7) Activities of Daily Living:

Speech / Communication / Comprehension (coherent attention, understands questions)

(a) *Language:* English: French: Aboriginal: _____ Other: _____

Comments: _____

(b) *Aids:* None: Cane: Walker: Wheelchair: Oxygen:

Incontinence: Dentures: Eyeglasses: Hearing Aid:

(8) *Medical Administered By:* Self: Home Care:

(9) *Attitude:*

(a) *Outlook on Life / Attitude:* Positive: Negative: Apathetic:

(b) *Independent:* Strong: Low: Other:

Nihgi Metis Seniors Lodge Consent Form Part 3 of 3

Name of Resident: _____

Please initial to indicate consent for the following:

- _____ to share health information required to complete an application for Disabled Adult Transportation Service (DATS) so that the Resident may use this service.
- _____ for posting photos of events, which may include the Resident’s photo which may be displayed within the Nihgi Metis Seniors Lodge.
- _____ for your name to be included in a Memorial Service held at the Nihgi Metis Seniors Lodge, in the event of death. For a memorial notice, obituary, and/or photo to be posted on a bulletin board, in the event of death.
- _____ to have my name and personal information disclosed for electoral voter’s list purposes.
- _____ to allow personal information from Part 1, 2 and 3 to be shared by Capital Health Home Care as required for the necessary care of the resident.

Consent for Admission Form Parts 1, 2 and 3: “I acknowledge that I have consented to share the information contained in the above forms. I understand that all the above information will be kept private and confidential. I understand that this consent becomes valid when signed. I understand that my information may be electronically stored at the Nihgi Metis Seniors Lodge. I understand that I may revoke my consent at any time and will do so, in writing.

_____/ Print here _____ / _____
Signature of Resident Date

_____/ Print here _____ / _____
Signature of Witness Date