

Welcome to Westwinds Communities, we are looking forward to welcoming you.

## **Please Follow Four Easy Steps to Your New Home**

### **Step 1:**

- Complete the Application form in its entirety. The completed application can be completed on our website at [www.westwindscommunities.ca](http://www.westwindscommunities.ca), emailed to [admin@westwindscommunities.ca](mailto:admin@westwindscommunities.ca), faxed to 403.652.8608 or dropped off or mailed at any of our communities including our corporate office at 833 – 9 Street SW, High River, Alberta T1V 1C3.

**To complete this document please include:**

- Current Year Revenue Canada (CRA) Notice of Assessment
- Personal Alberta Health Care Card

### **Step 2:**

- Book an appointment with your family physician and complete your medical. The doctor generally will send this in separately.
- Provide a copy of your Power of Attorney or Enduring Power of Attorney.

### **Step 3:**

- Please book at tour at your selected Westwinds Communities:

- High Country Lodge  
707 Government Road, Diamond Valley                      41 suites  
Tel: 403.933.4028

- Medicine Tree Manor  
901A MacLeod Trail SW, High River                              100 suites  
Tel: 403.652.7040

- Sandstone Lodge  
101 Centre Court, Okotoks                                              46 suites  
Tel: 403.938.6404

### **Step 4**

- Interview: The General Manager will contact you by telephone to arrange an interview time and confirm your interest.

By following these steps Westwinds Communities will be able to assess your eligibility and confirm your application.

If you have any questions during the process, please feel free to contact a General Manager or our Corporate Office at 403.652.8600.

## RETIREMENT LIVING HOUSING APPLICATION

833-9 Street SW, High River, AB, T1V 1C3

P: 403-652-8600

F: 403-652-8608

E: admin@westwindscommunities.ca

<b>Please check which Communities you wish to live in (check all that apply):</b>	<b>Community:</b>		<b>Preference (rate 1-3):</b>
	<input type="checkbox"/> High Country Lodge – Diamond Valley		
	<input type="checkbox"/> Sandstone Lodge - Okotoks		
	<input type="checkbox"/> Medicine Tree Manor – High River		
<input type="checkbox"/> First Available Community			
<b>Suite Preference (select all that apply):</b>	<input type="checkbox"/> Studio (small) <input type="checkbox"/> Studio (large) <input type="checkbox"/> Barrier free	<input type="checkbox"/> 1 bedroom (no kitchenette) <input type="checkbox"/> 1 bedroom (kitchenette) <input type="checkbox"/> 1 bedroom with kitchen <input type="checkbox"/> 2 bedrooms with kitchen	
<b>Applicant:</b>	<b>Last Name:</b>	<b>Given Name:</b>	
<b>Mailing Address:</b>	(Mailing Address & postal code, if different from above)		
<b>Home Telephone:</b>		<b>Cellular Telephone:</b>	
<b>Date of Birth: (mm/dd/yr)</b>		<b>Email Address:</b>	
<b>Do you receive Alberta Seniors Cash Benefit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Marital Status:</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widower
<b>Is there a co-applicant? (Please complete separate application)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes; Provide Co-Applicants Name:</b>	
		<b>Do you require a connected room?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Years of Residency in the Foothills County:</b>			
<b>Years of Residency in Alberta:</b>			
<b>Are you a Canadian Citizen or landed immigrant?</b> If no, provide copies relevant documentation including Government of Canada sponsored refugee status or break down in private immigration sponsorship.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you have the enduring power of attorney appointed to manage your financial affairs? If yes, attach a copy. Note: All applicants are required to have an enduring power of attorney.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you have a Personal Directive? If yes, please attach a copy.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you have a Legal Guardian? If yes, please attach a copy.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	



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### Current Housing:

<b>I currently:</b>	<input type="checkbox"/> Live Alone	<input type="checkbox"/> Live with Others
<b>My Home:</b>	<input type="checkbox"/> Meets my needs	<input type="checkbox"/> Does not meet my needs and is a hardship for me
<b>Special Hobbies and Interests:</b>		
	<b>Languages Spoken:</b>	
<b>I currently receive Home Care Services:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes; what services:</b> <input type="checkbox"/> Medication assistance <input type="checkbox"/> Bathing assistance <input type="checkbox"/> Housekeeping <input type="checkbox"/> Dressing assistance <input type="checkbox"/> Wound dressing <input type="checkbox"/> : _____

### Self-Management:

<b>Level of Mobility (check all that apply):</b>	<input type="checkbox"/> Unaided	<input type="checkbox"/> Cane	<input type="checkbox"/> Scooter	<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair
<b>Personal Care and Hygiene (i.e. dressing, bathing):</b>	<input type="checkbox"/> Without Assistance			<input type="checkbox"/> Require Assistance	
<b>Medication</b>	<input type="checkbox"/> able to manage on own			<input type="checkbox"/> difficulty remembering to take properly	
<b>Nutrition:</b>	<input type="checkbox"/> Feel needs are being met			<input type="checkbox"/> Feel needs are not being met	
<b>Household Activities: (are you able to do unassisted)</b>	<input type="checkbox"/> Shopping	<input type="checkbox"/> Laundry	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Housekeeping	
<b>Social and Community</b>	<input type="checkbox"/> Prefer to be by myself most of the time			<input type="checkbox"/> Currently participate in outside activities and events	

**Additional Contact:** (Person to be notified in case of emergency and that you authorize to have access your personal, financial and medical information)

<b>Contact:</b>	<b>Last Name:</b>	<b>Given Name:</b>
<b>Relationship:</b>	<b>Email Address:</b>	
<b>Mailing Address:</b>	(Mailing Address & postal code, if different from above)	
<b>Home Telephone:</b>	<b>Cellular Telephone:</b>	
<b>Do you authorize Westwinds Communities of contact this person when a room is offered?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No



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### Other Information (please attach paper as needed):


### Applicants Acknowledgement:

<p>I/We hereby acknowledge:</p> <ol style="list-style-type: none"><li>1. Westwinds Communities does not provide personal care. I/we will be functionally independent with the assistance available through existing community based services, while being a resident.</li><li>2. That this application does not constitute an agreement on the part of Westwinds Communities, or its agents, to provide me with accommodation;</li><li>3. I/We further agree that I/We am/are obligated to advise Westwinds Communities, or its agents, in writing, or any changes in family composition, gross family income, assets, employment or change of address, should they occur; and</li><li>4. Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give Westwinds Communities my/our consent to make inquiries that are necessary to verify the information given in this application including conducting a credit check, and I/we authorize any person, corporation or health/social agency to release to Westwinds Communities any information pertinent to the assessment of my/our application being fully aware that discovery of any false statements shall cancel any further consideration of my/our application.</li></ol>	
Signature of Applicant	Signature of Co-Applicant

It is incumbent upon the applicant to notify Westwinds Communities of any changes in information provided in this application.