



**Niverville Heritage Centre Seniors**  
**Assisted Living - Supportive Care Residence Application**

**For Office Use Only:**

Application Rec'd: \_\_\_\_\_ Interview Date: \_\_\_\_\_

RHA Panel Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Box #: \_\_\_\_\_ Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Box #: \_\_\_\_\_ Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Box #: \_\_\_\_\_ Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



A. HOUSING REQUIREMENTS:

1. Are you prepared to move into Assisted Living Residence if a suite were available now?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Type of suite would you prefer?

1 bedroom: \_\_\_\_\_ 1 bedroom with den: \_\_\_\_\_

*If you prefer a specific size, please make note above. If that size suite is not available when a vacancy comes up we will not call you. If you do not have a preference about the size of suite, please check off both.*

3. Specify reasons for wanting to live at the Niverville Heritage Centre Seniors Residence:

- \_\_\_\_\_ Illness or Injury
- \_\_\_\_\_ Loss of a companion or spouse
- \_\_\_\_\_ Someone I trust suggested assisted living
- \_\_\_\_\_ Seeing someone else move into assisted living
- \_\_\_\_\_ No longer able to cook/maintain a home

Please describe in further detail as to why you would like to move to assisted living: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. How comfortable do you feel about being alone in your home and safely getting around the house?

- \_\_\_\_\_ Somewhat comfortable
- \_\_\_\_\_ Not very comfortable

5. In case of an emergency, how confident are you in using the telephone to call for assistance and, if need be, leave your home?

- \_\_\_\_\_ Somewhat confident
- \_\_\_\_\_ Not very confident, require occasional assistance
- \_\_\_\_\_ Not confident at all, require assistance at all times



6. How have your needs changed in the last 6 to 12 months?

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7. What family or other support systems are available to you?

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**B. HEALTH INFORMATION:**

1. Are you currently receiving Home Care services?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you require assistance or supervision with any of the following daily activities? (Please check all that apply)

If so, please rate on a scale of 1-3 how much assistance is needed for activity. 1- little to no assistance, 2- need assistance sometimes, 3- always need assistance. Please circle the number that best describes the amount of assistance needed.

- |                        |       |                              |       |
|------------------------|-------|------------------------------|-------|
| _____ Eating           | 1 2 3 | _____ Grooming               | 1 2 3 |
| _____ Transferring     | 1 2 3 | _____ Toileting              | 1 2 3 |
| _____ Bathing          | 1 2 3 | _____ Med Reminder           | 1 2 3 |
| _____ Dressing         | 1 2 3 |                              |       |
| _____ Meal Preparation | 1 2 3 | _____ Laundry                | 1 2 3 |
| _____ Household Chores | 1 2 3 | _____ Other (please specify) | 1 2 3 |

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3. Are you able to mobilize independently (may require adaptive devices such as cane, walker, or wheelchair etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Type of device required, if any:

\_\_\_\_\_ Wheelchair

\_\_\_\_\_ Walker

\_\_\_\_\_ Cane

\_\_\_\_\_ Scooter

\_\_\_\_\_ Other: \_\_\_\_\_

4. Are you or the co-applicant physically handicapped?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the nature of your physical limitation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How confident do you feel about your ability to keep up with doctor's appointments and taking any medications you may need?

- Somewhat confident
- Not very confident, require occasional assistance
- Not confident at all, require assistance at all times

*NCU Manor does not administer medications, the questionnaire is simply here to determine if you are eligible for assisted living.*

6. Cognition; In your day to day activities, do you at times sense that:

\_\_\_\_\_ My memory is fine, requiring few reminders if any

\_\_\_\_\_ Require some gentle reminding on occasion

\_\_\_\_\_ Forgetfulness is becoming more of a concern as time passes

Physicians Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

*\*Physician contact information is for our records ONLY. We will not follow up with your physician.*



C. Personal & Social:

1. How do you feel you could contribute to the social community of the Assisted Living Residence?

- Very Well
- Somewhat
- Not at all

2. Do you feel that you would benefit from additional companionship?

- Never
- Somewhat
- Always

3. At NCU Manor we organize activities and outings for residents, is this something that you may consider participating in?

- Yes
- No

*If yes, please indicate which types of activities would interest you from the list below:*

- |                                       |                                     |  |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Walking club | <input type="checkbox"/> Baking     | <input type="checkbox"/> Pet Therapy       |
| <input type="checkbox"/> Exercise     | <input type="checkbox"/> Cards      | <input type="checkbox"/> Puzzles           |
| <input type="checkbox"/> Bingo        | <input type="checkbox"/> Tea & Talk | <input type="checkbox"/> Mens Coffee Break |
| <input type="checkbox"/> Sing-a-long  | <input type="checkbox"/> Crafts     | <input type="checkbox"/> Wii Sports        |
| <input type="checkbox"/> Lawn Games   | <input type="checkbox"/> Games      | <input type="checkbox"/> Church Service    |
| <input type="checkbox"/> Bible Study  | <input type="checkbox"/> Hymn Sing  |  |

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: X \_\_\_\_\_

