



Niverville Heritage Centre Seniors
Assisted Living 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?

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

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 |



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 _____



Thank you, we will be in touch regarding your application.

Assisted Living residences provide housing and a range of support services for seniors and persons with disabilities who have difficulty living independently and require assistance with the challenge of day-to-day activities. Typically individuals or couples interested in Assisted Living will **already be receiving home care services** provided by either the Regional Health Authority (RHA) or by family members.

It is recommended that interested applicants contact the Home Care Coordinator located within in the Primary Health Care Centre at the Niverville Heritage Centre to arrange for an assessment. The assessment will ensure enough care will be provided for the individual.

<u>For Office Use only:</u>
Finance Notes:

Please note that all residents should:

- Desire maximum involvement in own decision making and are able to communicate with others to some degree
- Demonstrate socially appropriate behavior
- Able to function in a community/group environment
- Not present a significant risk to other residents, staff or community members
- Have a family member or advocate that are in agreement with the philosophy of the Niverville Heritage Centre Seniors Residence and are able to escort resident to appointments or outings etc. and can be called upon when needed.
- Once a suite is accepted, a \$200 **non-refundable deposit** is required to guarantee the suite.

Please call the Client Service Manager @ (204) 388 5000 ext 207 with any questions.

