Community Lodge Housing Society
Williston House Assisted Living Centre
65 Churchill Drive
Sydney, NS B1S 3N6

Waiting List Application Form

Name:____

Address:____City:________________________

Province:________________ Postal Code:________________ Phone:________________________

Contacts:

(1) **Name:**___________________________ (2) **Name:**___________________________

Address:_________________________ **Address:**__________________________

_________________________________ _________________________________

Phone:___________________________ **Phone:**____________________________

Email: ____________________________ **Email:** ____________________________

Requested date of occupancy:

❒ Soon as possible ❒ 3 - 6 months time ❒ 6 months - 1 year ❒ 1- 2 years ❒ 2 - 5 years

Requested Apartment Size:

❒ Studio ❒ 1 Bedroom ❒ 2 Bedroom

Present Living Arrangements:

❒ Self contained apartment
❒ With family
❒ Own home (___ one level living – or ___ two level)
❒ Bording House/Home
❒ With Non-Family
❒ Other ______________

Income Information: (Please submit all income as reported in your last income tax Notice of Assessment. Please note all information is kept confidential)

	Monthly Income:
• Old Age Security	$______________
• Provincial Assistance	$______________
• War Veterans	$______________
• Disability Pension	$______________
• Canada Pension Plan	$______________
• Other Pensions	$______________
Total Monthly Income	$______________

Name, address and telephone of present Landlord:

____

____

Name, address and telephone of a character reference: (not family)

____

____

❒ YES, I agree to the above statements and will make a deposit of $750.00 made out to Williston House, to hold an apartment when one becomes available, and if fully refundable. The deposit can then be transferred to a security deposit when I occupy the residence.

❒ Please provide a brief medical history from your Physician attached to this application.

I declare this information to be correct. I understand that this application does not constitute an agreement on the part of Williston House to provide me with rental accommodations, and I further acknowledge that is application is the property of Williston House. I hereby authorize you or your agent to make any inquiries you deem necessary to verify the above statements.

Signature:____

Date:_________________________

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Tenant Needs Assessment Form

Name: ____ Date of Birth: ___/___/__ __ __ __
(dd)(mm)(y y y y)

Address: ____

City: ____________________ Province: ________________ Postal Code: ___________ __________

Phone: ___________________ email: ____

Health Card # (MSI) ________________________ Private Health Insurance:________________________

Supporting Network (List of children, family, or friends involved)

Name: ________________________ Phone: ______________ Relation: ________________

Name: ________________________ Phone: ______________ Relation: ________________

Name: ________________________ Phone: ______________ Relation: ________________

Emergency Contact:____

Family Physician: _____________________________ Phone: ___________________

List of Current Medication or Treatment:	**Dosage or Procedure**	**Date Ordered**
1. ____________________________________	___________________	____________
2. ____________________________________	___________________	____________
3. ____________________________________	___________________	____________
4. ____________________________________	___________________	____________
5. ____________________________________	___________________	____________

Any Drug Allergies? Yes ___ No ___

If yes, what allergies?____

Any Hospitalizations in past year? Yes ___ No ___

If yes, for what?____

Any recent Surgeries? Yes ___ No ___

If yes, for what?____

Health History and any current medical conditions:

____
____
____
____
____
____
____

Date of Pneumovax Vaccine: ___ /___ /__ __ __ __
(dd)(mm) (y y y y)

Date of last Flu Vaccine: ___ /___ /__ __ __ __
(dd)(mm) (y y y y)

Personal Health Questions:

1) Approximate Weight: _______ pounds

2) Approximate Height: ____feet ____inches

3) Use of Hands and Arms:

☐ Right: ___ Normal use ___ Impaired use ___ No use ___ Amputation

☐ Left: ___ Normal use ___ Impaired use ___ No use ___ Amputation

4) Use of Legs and Feet:

☐ Right: ___ Normal use ___ Impaired use ___ No use ___ Amputation

☐ Left: ___ Normal use ___ Impaired use ___ No use ___ Amputation

Do you use a Cane ____ Walker ____ or Wheelchair ____ ?

5) Habits:	**Yes**	**No**	**Comment**
a. Normal bladder control?	☐	☐	____________________
b. Normal bowel control?	☐	☐	____________________
c. Ability to speak normal?	☐	☐	____________________

	Yes	No	Comment
d. Normal eyesight or with glasses?	☐	☐	____________________
e. Normal hearing?	☐	☐	____________________
f. Do you wear Hearing Aids?	☐	☐	____________________
g. Any dietary Allergies?	☐	☐	____________________
h. Any difficulty chewing/swallowing?	☐	☐	____________________
i. Dentures? Upper	☐	☐	____________________
Lower	☐	☐	____________________
Partial plate	☐	☐	____________________
j. Do you have a good appetite?	☐	☐	____________________

6) Personal Care:

	Yes	No	Comment
a. Able to dress self?	☐	☐	____________________
b. Able to look after own medication?	☐	☐	____________________
c. Able to walk without assistance?	☐	☐	____________________
d. Able to use shower without help?	☐	☐	____________________
e. Able to make your own bed?	☐	☐	____________________
f. Do you look after your own foot care?	☐	☐	____________________

7) Personal Finances/Banking:

	Yes	No	Comment
a. Do you handle you own financial affairs?	☐	☐	____________________
b. Do you have a Power of Attorney?	☐	☐	____________________
c. Are you still living in own home?	☐	☐	____________________
d. Do you have an Advanced Directive?	☐	☐	____________________
e. Do you have a Do Not Resuscitate Order?	☐	☐	____________________
f. Do you own your own vehicle?	☐	☐	____________________

8) Memory / Orientation:

	Yes	No	Comment
a. Has there been signs of memory loss	☐	☐	____________________
- poor short term memory?	☐	☐	____________________
- poor long term memory?	☐	☐	____________________
b. Safety concerns with stoves?	☐	☐	____________________
c. Falls in the last 5 months?	☐	☐	____________________