Seton Villa Retirement Centre 3755 McGill Street Burnaby, BC V5C 1M2 (604) 291-0607

Residency Application Form

Please complete this application form as completely as possible.

All information will be treated confidentially.

Date:			_					
Last Name:			First Na	me:			In	itial:
Address:								
City:			Provir	nce:			Postal:	•
Phone:					No. Years in BC			
Email:					No. Years in Canada:			
Personal Information Language Spoken:								
Birthday: D	: M:	Y: Age:	Se	x:	Marital Status:			
Social Insura	ance No.		<u> </u>	ı	B.C. Medical No.			
		1		ı			l	
Physician								
Name:				Dha	one:			
Address:				FIIC	one.			
			Province:	.			Postal:	
City:			Province:				ostai.	
Primary Contact Relationship:								
Last Name	st Name: Firs		Firs	st Name:				
Address	s:							
City	y:		Province:	:			Postal:	
Home Phone	Home Phone: W		Wor	k Phone:			•	
Emai	il:					•		

Secondary	 Contact	R	elationship:		
Last Name		First Name:			
Address	:				
City	7:	Province:		Postal:	
Home Phone	:	v	ork Phone:	l .	L
Emai	:	(Cell Phone:		
We will only contact one person in case of an emergency. It is up to that person to contact any other persons.					
Seton Villa provides a supportive housing environment, where seniors can live as independently as possible. We encourage our residents to be as active as possible and to become part of our larger Seton Villa family. We also encourage residents to assist in volunteer opportunities where possible. It is important that future residents see themselves as fitting into the Seton environment.					
Do you curre	ently: 🗆 rent	□ own	☐ live wit	h family	
When do yo	ou wish to move to	Seton Villa	1?		
□ as soon a	as possible □ with	in 3 – 6 moı	nths □ w	vithin 6 – 12 r	months
	lering submitting an a nove in within six (6) r	· -	_	Seton Villa, pl	lease plan to
New residents (single) move to Seton Villa into our smallest suite. Once you are a resident of Seton Villa you may wish to move internally into a more desired suite. The first internal suite change is free of charge, however, any suite change after is at the cost of \$500.00 per move. Please indicate below your desired suite and if you wish to be placed on the internal wait list once you are a resident.					
Desired Suite for Internal Waitlist (Check all that apply):					
	□ medium suite (307 – 313 sq. ft.)				
	corner double suite (497 – 514 sq. ft.) **				
	, , , , , , , , , , , , , , , , , , , ,				
•	•	. , ,	•	n) **	
	small one bedroom suite (534 – 541 sq. ft.) (<i>kitchen</i>) ** large one bedroom suite (644 – 648 sq. ft.) (<i>kitchen</i>)**				
•	** Priority is given to couples for the 1 bedroom suites				

Health Status Assessmer	١t:
--------------------------------	-----

Please note: Care services, except medication assistance, can be purchased directly from Seton Villa or as authorized by Fraser Health. Individualized care plans can be worked out based on resident's needs. General Health: □ excellent □ fair □ good □ no Have you been hospitalized within the last year? □ yes If yes, please indicate the reason and your length of stay in hospital **Physical Limitations:** (list any that apply) (Note that Seton Villa cannot accommodate Wheelchairs) Check all that apply to you: Mobility: ☐ I walk without aides ☐ I use a cane ☐ I use a walker ☐ I can walk one flight of stairs without difficulty ☐ I cannot walk one flight of stairs easily ☐ I don't usually experience shortness of breath ☐ I use oxygen *if yes*, *indicate*: ☐ in room □ portable ☐ I can get in/out of a chair without assistance ☐ I require occasional assistance to get in/out of a chair Personal Care: (Check all that apply): Bathing: no assistance required require assistance in/out of tub require assistance with bathing Dressing: □ no assistance required П require minimal assistance require regular assistance with dressing

4

		4				
Eating:	s					
Medication:	ion: □ no assistance required □ need to be reminded to take medications □ need medications to be administered to me					
Do you receive home support services? ☐ yes ☐ no If yes, what is your client fee?						
Do you receive Meal Prep Cleaning Laundry Shopping Bathing		ance with any of the following a	activities? yes yes yes yes yes yes	□ no □ no		
Do you have a	Do you have a Pacemaker? □ yes □ no					
Do you smoke? □ yes □ no □ occasionally *Effective January 2000, Seton Villa became a non-smoking building. No smoking is allowed anywhere on the premises or balconies. Smoking is only allowed in designated smoking area outside of the building.						
Is there any other information related to your health status that would be useful for us to know?						
Do you have a	ny of th	e following in place?				
MOST Order: M	ledical (Orders for Scope of Treatment	□ yes	□ no		
Power of Attorn Representation Advance Direct Medication or F	ey Agreem ive ood Alle	not resuscitate') nentergiesans	□ yes □ yes □ yes . □ yes □ yes	□ no □ no □ no □ no □ no		

Transportation:	☐ drive own car ☐ use public tra ☐ rely on others	nsportation	rtation
Do you require parking? *Rent for parking space is extra		□ yes	□no
Seton Villa strives to remain free of be that we are bed bug free. Applicants we have to follow certain procedures price must purchase bed bug covers from covers will be placed in your suite on me	who have being ex or to moving to S o Seton Villa, an	xposed to be eton Villa. A	ed bugs will All residents
Have you ever been exposed to bed	bugs?	□ yes	□ no
Please advise what size bed you will ha	ave when you mo	ve into Seto	n Villa.
☐ Single/Twin ☐ Do	uble	□Q	ueen
Name special interest, hobbies or vo	olunteer work you	u participat	e in:
Would you be interested in volunteer w	ork within Seton \	/illa? □ ye	s □ no
What are your 3 favourite leisure activity	ies?		
How comfortable are you in new social			
Do you prefer 1:1, small group, or large	group activities?		
Is there any activity you have always w	anted to try?		

Once settled at Seton Villa, what would your top 3 priorities be:					
How did you hear about Seton Villa?					
Person completing this form	 Date				

Seton Villa accepts applications from persons aged 65 years or older, or in the case of joint applications, one of the two persons must be 65 years or older. Eligible applicants will be considered without regard to their sex, race, religion, national origin, political beliefs, gender identity, or ancestry. For joint applications, please complete separate application forms.

Seton Villa Retirement Centre is owned and operated by Action Line Housing Society with the mandate to provide healthy and affordable supportive housing to seniors.

In keeping with our agreement with BC Housing, total annual income must not exceed Housing Income Limits (HILs) set by Government of Canada. *Priority will be given to applicants whose annual income is above Seton Villa's minimum income requirement of \$31,000 up to a maximum of \$75,000.* Consideration will be given to those with higher incomes only if there are no applicants who meet the BC Housing criteria.

<u>Financial Eligibility Criteria Form</u> (Addendum to Residency Application Form)

Last Name:		First Name:		Initial:			
Annual Incor	me: (indicate amounts)						
Annual Income: (indicate amounts)							
Old Age Security \$ Guaranteed Income Supplement \$							
Canada Pen	• •		\$				
	e or Pension:		\$				
	e or Pension:		\$				
	C Of T Cholon.		\$				
Total Annual	Income:		\$	<u> </u>			
Assets:							
Property			\$				
Investment			\$				
	6		\$				
0 11101 7 100011			4				
Proof of inc	ome:						
Please attac	h a copy of previous yea	ar Income Tax	Return (Year:)			
** Proof of	income must be verified	at time of app	olication and at time	of occupancy**			
Person comp	 oleting this form		Date				
*All information you provide us shall be kept confidential for the sole purpose of assessing and processing your application for residency and no other purpose. Under no circumstances do we sell confidential information to any third parties for marketing or any other purposes.							
/F 0 1	A (*)						
-	Villa office use only):						
income infor	mation verified by:	Signature		 Pate			