



Nihgi Métis Seniors Lodge: 11935 65 Street, Edmonton, AB T5W 4L5
Phone: 780-471-2443 or Toll Free: 1-877-458-8684 Fax: 780-474-2441
Edmonton Head Office: 11923 121A Street, Edmonton, AB T5L 0A2
Phone: 780-452-6440 or Toll Free: 1-877-458-8684 Fax: 780-452-1076

Application #: _____

PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION

PROCEDURE

Either the Applicant or Legal Representative must sign and date the document.

Required documents that **MUST BE** submitted with your application:

- Current Government Identification i.e. Driver's License
- Alberta Health Care
- Landlord References (from current landlord)
- Medical Letter
- Proof of current income, pay stub, and a current bank statement, current Notice of Assessment
- Legal documents for Power of Attorney/Public Trustee

PLEASE NOTE: WE ARE NOT AN EMERGENCY HOUSING PROGRAM

All applications are processed at MUHC/MCHC Head Office in Edmonton. Once ALL required documents are submitted with the application, it is then reviewed for eligibility. The Applicant will be sent a letter advising if further information is required.

When approved, if there is a wait list, the Applicant is then asked to confirm continued interest every three months. ***It is imperative the applicant advise Head Office of any change in contact information as soon as it occurs. You could be missed for the next available unit if we do not have the most current contact information on file.***

PLEASE NOTE: NIHGI Métis Seniors Lodge is NOT fully wheelchair accessible, limitations exist in all washrooms. Units are not barrier-free.

Pets are not allowed

ALL INFORMATION MUST BE COMPLETED

PERSONAL INFORMATION

Applicant Name:		
Applicant's Date of Birth:		
Social Insurance Number:		Alberta Health Care Number:
I currently live in: <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Another facility <input type="checkbox"/> Hospital <input type="checkbox"/> Supported Living <input type="checkbox"/> Basement Suite		
Address:		City/Province: Postal code:
Current Telephone Number:		Email Address:
Length of time at present address: Years Months Rent per month \$		
Are Utilities Included: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly cost of: Power: Gas: Water:		
Present Landlord:		
Telephone:		Address:
Ethnicity: <input type="checkbox"/> Métis <input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Other		
What Languages do you speak: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Indigenous: <input type="checkbox"/> Other:		

NEXT OF KIN/EMERGENCY CONTACT

Name:		Relationship:
Address:		Phone:
Name:		Relationship:
Address:		Phone:

SOURCE OF APPLICANTS INCOME

A.I.S.H.: \$	Other: \$	Pension(s): \$
Worker Name:		Phone:
Banking: <input type="checkbox"/> Self <input type="checkbox"/> POA <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian <input type="checkbox"/> Other		

COMMUNITY SUPPORTS

Family/Friends: <input type="checkbox"/> Yes <input type="checkbox"/> No		Day Program: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Care: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:		
Do you have a Case Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Case Worker Name:		Phone:

MEDICAL INFORMATION

Family Physician Name:	
Address: Phone:	
How would you describe your health in the past year?	
Physical Health: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
Frame of Mind/Attitude: <input type="checkbox"/> Positive <input type="checkbox"/> Balanced/Even temperament <input type="checkbox"/> Negative	
Independence: <input type="checkbox"/> Very independent <input type="checkbox"/> Some independence <input type="checkbox"/> Some supports needed <input type="checkbox"/> Many supports needed	
Have you had any Mobility Issues i.e.) Falls, feeling dizzy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain:	
Do you require a Mobility Aid such as a walker or a cane? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain: (NIHGI is NOT a full wheelchair accessible facility limitations exist. Units are not barrier-free.)	

Do you require Home Care Assistance with: Medication Bathing Other:

Do you have any of the following: Dentures Eyeglasses Hearing Aids Other:

I understand and further agree to:

- ∞ **Submit income verification to ensure qualifications are met in accordance with Policy and Guidelines**
- ∞ **Authorize Métis Capital Housing Corporation (MCHC) to conduct inquiries re: the approval of my application**
- ∞ **Sign a Lease Agreement**
- ∞ **To share health information required to complete an application for Disabled Adults Transportation Services (DATs) so the resident may use this service.**
- ∞ **For posting photos of events, which may include the resident's photo, which may be displayed within the Nighi Métis Seniors Lodge.**
- ∞ **To allow personal information disclosed in this application to be shared with Capital Health Home Care as required for the necessary care of the resident.**
- ∞ **No pets are allowed at NIHGI Métis Seniors Lodge**

Please note: The information we collect from you such as your email address will be used to provide you with tenant documents, communications and marketing from MCHC. We will always treat your personal details with the utmost care and will never sell them to other companies for marketing purposes.

Confirmation of understanding: Please initial: _____

Applications will NOT be processed until signed and dated by applicant or legal representative.

SIGNED:

DATE:

SIGNED:

DATE:

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE HELD IN STRICT CONFIDENCE

Thank you for applying with Métis Capital Housing Corporation