

Who is Eligible to Apply?

- Residents at Silvera must be able to manage most or many daily tasks independently; arrange, manage, and direct their own care; and be responsible for decisions about day-to-day activities.
- Applicants must be 55 years of age or older. Some communities may have an age requirement of 65 years of age or older.
- Must be a Canadian citizen or Permanent Resident (landed immigrant). Must have lived in Canada for 10 years or in Calgary for 1 year.

Application Process

- Book an appointment with your health care provider to complete your Functional Health Assessment. **Ask your physician, nurse practitioner, or naturopath to complete this form in full and sign it, and if applicable provide a copy of a MoCA (Montreal Cognitive Assessment) or MMSE (Mini Mental State Exam).**
- If you are having difficulty finding a provider to complete this or have challenges with any payment associated with this, please contact our Community Living team at 403.567.5301 or CommunityLiving@silvera.ca

Three Easy Steps to Your New Home!

Fill out **PAGES 3 to 6** of this Application Form **in full and sign it**, and attach:

1. Proof of Income with a copy of your most recent Notice of Assessment (NOA) from your processed Income Tax, plus proof of any other income not included in your NOA (example: private pension, out of country pension, investment income). You can request a copy of your NOA from the Canada Revenue Agency at 1.800.959.8281. (Required by the government to receive subsidized housing). **(Please note, if your most current NOA is not indicative of your income, please also include three months bank statements, with your name on them.)**

2. Functional Assessment filled out and signed by your Health Care Provider and yourself. **Only a physician, nurse practitioner or a naturopath (ND) can fill out the Functional Health Assessment.**

Submit: All documents can be emailed to CommunityLiving@silvera.ca; faxed to 403.276.9152 or mailed to Silvera for Seniors, 804, 7015 Macleod Trail SW, Calgary, AB T2H 2K6.

3. Next Steps: A Community Living Coordinator will have a conversation with you to fully understand your situation and needs, then help guide you towards the right new home for you. When a suite is available, they will arrange a tour of the community and a Meet & Greet with the Silvera team.

Take a virtual tour:

- a. Visit our website at www.silvera.ca
- b. Click on Our communities
- c. Choose a community location to view and click the virtual tour link/photos.

This application contains your personal information, which is being collected under the authority of the Alberta Housing Act to be used determine eligibility of applicants, need and allocation within Silvera’s housing programs. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with Alberta privacy legislation and can be reviewed or corrected upon request.

Questions regarding the collection of personal information can be directed to:

FOIP Coordinator – Silvera for Seniors

Phone: 403.276.5541 / Fax: 403.276.9152 / email: contact@silvera.ca

APPLICANT CONTACT INFORMATION		
Last Name:	First Name:	Middle Name:
Also known as:	Date of birth:	Age:
Current Address: <hr/>		
City:	Province:	Postal Code:
Email:	Phone#:	
CO-APPLICANT CONTACT INFORMATION (for double accommodation in the same unit)		
Last Name:	First Name:	Middle Name:
Also known as:	Date of birth:	Age:
Please note: a SEPARATE APPLICATION must be submitted for EACH APPLICANT.		
APPOINTEE INFORMATION (if applicable)		
<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Enduring Power of Attorney <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Public Trustee <input type="checkbox"/> Personal Directive <div style="text-align: right;">(<input type="checkbox"/> not enacted / <input type="checkbox"/> enacted)</div> <p>If you check any of the boxes above, we may need additional information.</p>		
WHAT IS YOUR CURRENT LIVING SITUATION		
<input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Hospital <input type="checkbox"/> Family/Friends <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Other _____		
If there are any particular communities you are interested in please list: (These will be subject to availability and income requirements. We will do our best to accommodate.) _____ _____		

If someone is helping you with this application OR if you give Permission to Silvera to contact or discuss your Application with the mentioned person(s), please complete this section

Option 1 (If applicable)

Name:	Relationship:
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Current Address:

Email:	Phone #:
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Permission to contact or discuss your information: Yes No

Signature of Applicant: **PLEASE SIGN BELOW**

X _____

* Applicant must sign here for Silvera to discuss this application with the person named above. *

Option 2 (If applicable)

Name:	Relationship:
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Current Address:

Email:	Phone #:
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Permission to contact or discuss your information: Yes No

Signature of Applicant: **PLEASE SIGN BELOW**

X _____

* Applicant must sign here for Silvera to discuss this application with the person named above. *

Do you have a Pet? Yes No

Do you smoke? Yes No

CITIZENSHIP & MIGRANT STATUS

What is your current citizenship and immigration status?

- Canadian citizen Permanent Resident (Landed immigrant)
 Other: _____

GENERAL INFORMATION

What is your primary language?

- English French American Sign Language Arabic Cantonese
 Hindi Mandarin Spanish Tagalog Vietnamese
 Other _____

Is an interpreter required? Yes No

If yes, do you have access to an interpreter? Yes No

Have you ever lived at Silvera? Yes No

SUPPORTS NEEDED/WANTED (please mark with an "X")

- | | |
|--|--|
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Housekeeping Services |
| <input type="checkbox"/> 24/7 non-medical staff | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Social, educational and recreational programs | <input type="checkbox"/> Community of Seniors |

INCOME

Annual Income from Line 15000 of most recent Notice of Assessment (NOA)

\$ _____

Please attach your most recent Notice of Assessment (NOA) and proof of any other income not included in your Notice of Assessment (example: private pension, out of country pension, investment income). *** If your most current NOA is not indicative of your income, please also include three months bank statements, with your name on them.**

FINANCES PLEASE COMPLETE THIS SECTION (PLEASE CIRCLE IF TOTALS ARE MONTHLY OR YEARLY)

- AISH \$ _____ monthly / yearly
- Old Age Security \$ _____ monthly / yearly
- Alberta Seniors Benefits \$ _____ monthly / yearly
- Guaranteed Income Supplement \$ _____ monthly / yearly
- Government Rebates \$ _____ monthly / yearly
- Canada Pension Plan \$ _____ monthly/yearly Other Pension \$ _____ monthly/yearly
- Employment \$ _____ monthly / yearly
- Other (e.g.: Rental Income, RRSP, RRIF, etc.): \$ _____ monthly / yearly

ASSETS

- | | |
|--|--|
| <input type="checkbox"/> Property \$ _____ | <input type="checkbox"/> Investments: \$ _____ |
| <input type="checkbox"/> Land: \$ _____ | <input type="checkbox"/> Savings: \$ _____ |
| <input type="checkbox"/> Car: \$ _____ | <input type="checkbox"/> Other: \$ _____ |

HOW DID YOU HEAR ABOUT SILVERA?

- | | |
|--|---|
| <input type="checkbox"/> Searched on my own | <input type="checkbox"/> Community newspaper/postcard |
| <input type="checkbox"/> Word of mouth (friend/family) | <input type="checkbox"/> Calgary Herald |
| <input type="checkbox"/> Professional referral | <input type="checkbox"/> Calgary Sun |
| <input type="checkbox"/> Online ad | <input type="checkbox"/> Kerby News |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> TV |
| <input type="checkbox"/> Silvera's website | <input type="checkbox"/> Radio |

APPLICANT'S ACKNOWLEDGEMENT

I understand and agree that this application is an expression of my interest in housing at Silvera for Seniors. This application is not a contract or a reservation for residence. Nothing contained in this document obligates or entitles me to a suite at Silvera for Seniors until a Tenancy Agreement has been signed by all parties involved.

Signature of Applicant **PLEASE SIGN HERE** X _____

Date: _____