Who is eligible to apply?

- Silvera residents 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.
- Residents must be a Canadian citizen or Permanent Resident (landed immigrant) and must have lived in Canada for 10 years or in Calgary for one 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!

1. **Complete pages 3 to 6** of the Application Form, **sign it**, and attach:

- 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). This is required by the government to receive subsidized housing. You can request a copy of your NOA from the Canada Revenue Agency at 1.800.959.8281. **If your most current NOA is not indicative of your income, include three months of your most recent bank statements, with your name on them.**

- 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.**

2. **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. Application Forms can also be dropped off at any Silvera Supportive Living location, the communities that include "Commons" in the name. Please visit our website at www.silvera.ca to view the locations.

3. **Chat with us**: A Community Living Coordinator will have a conversation with you to fully understand your situation and needs, then suggest the best new home for you. When a suite is available, they will arrange a tour of the community and a Meet & Greet for you and the Silvera team. You may also wish to take a virtual tour:

- Visit our website at www.silvera.ca
- Choose "Our communities"
- Choose a community location. Each location has a virtual tour or 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: _____		
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)

☐ Power of Attorney ☐ Enduring Power of Attorney

☐ Legal Guardian ☐ Public Trustee ☐ Personal Directive

(☐ not enacted / ☐ enacted)

If you check any of the boxes above, we may need additional information.

WHAT IS YOUR CURRENT LIVING SITUATION

☐ Own ☐ Homeless ☐ Hospital ☐ Family/Friends ☐ Rent ☐ Shelter

☐ Transitional Housing ☐ Other _____

Please list specific communities you are interested in: **(Subject to availability and income requirements. We 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 someone, please complete this section

Option 1 (*If applicable*)

Name:	Relationship:
Current Address:	
Email:	Phone #:

Permission to contact or discuss your information: ☐ **Yes** ☐ **No**

Signature of Applicant: **PLEASE SIGN OR TYPE YOUR NAME BELOW**

X_____

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

Option 2 *(If applicable)*

Name:	Relationship:
Current Address:	
Email:	Phone #:

Permission to contact or discuss your information: ☐ **Yes** ☐ **No**

Signature of Applicant: **PLEASE SIGN OR TYPE YOUR NAME 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")

☐ Affordable housing

☐ 24/7 non-medical staff

☐ Social, educational and recreational programs

☐ Housekeeping services

☐ Meals

☐ 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 of your most recent bank statements, with your name on them.**

FINANCES PLEASE COMPLETE THIS SECTION (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

☐ Property $_____	☐ Investments: $_____
☐ Land: $_____	☐ Savings: $_____
☐ Car: $_____	☐ Other: $_____

HOW DID YOU HEAR ABOUT SILVERA?

☐ Searched on my own	☐ Community newspaper/postcard
☐ Word of mouth (friend/family)	☐ Calgary Herald
☐ Professional referral	☐ Calgary Sun
☐ Online ad	☐ Kerby News
☐ Facebook	☐ TV
☐ Silvera's website	☐ 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 OR TYPE YOUR NAME HERE X_____

Date: _____

Revised September 2022

SILVERA FOR SENIORS

FUNCTIONAL ASSESSMENT

This form MUST BE COMPLETED by a health care provider – a physician, registered nurse practitioner or naturopath ND.

Dear Health Care Provider:

As part of the application process for Silvera for Seniors, a prospective resident is required to provide a current assessment of their ability to independently manage their daily living. The Functional Assessment may also be required in a case where it is believed a resident's needs may have changed over time.

The information requested in this form is to ensure that Silvera's supports and services align with the applicant's/resident's needs.

Please complete the questionnaire in full. Please be aware **that Silvera communities are non-medical**. Residents may access health supports through Alberta Health Services Home Care and/or through arrangements they have with private health providers.

Thank you in advance for completing this questionnaire in its entirety, including signing the document.

If you have any questions regarding the information contained in this section of our application, please feel free to contact Silvera's Community Living team at 403.567.5301.

PLEASE COMPLETE THIS PAGE

Consent to the Disclosure of Individual Identifying Health Information (Health Authority)

I,_____, authorize the attached Functional
Applicant Name
Assessment individually identifying myself to be disclosed by_____,
Physician's Name
in accordance with section 34 of the Health Information Act, to Silvera for Seniors, for the following purpose(s): Application & Admission Process or Eligibility Reassessment: I understand that this information will be kept confidential and will be used only in my best interests for assessing my health and social needs, for planning services to meet those needs, and for determining appropriate housing for me. I understand that under section 58 of the Health Information Act (HIA), my express wishes must be considered and I have the right to indicate any portion of my health information that I wish to be kept confidential by my Physician/Nurse Practitioner and not disclosed to others.

I understand the risks and/or benefits that are associated with disclosing or not disclosing my information. I release Silvera for Seniors, its employees and agents, from all claims which may arise as a result of the release of the information. This authorization shall be valid during the time in which I am an applicant and/or resident with Silvera for Seniors at any of their facilities and may only be terminated at an earlier date by myself in writing.

I am aware that I have the right to revoke a release of information to the above noted persons or organizations at any time in writing to Silvera for Seniors.

SIGN HERE X_____

Signature of Applicant | Date

_____

Signature of Witness | Print Witness' Full Name

CANCEL	**Please complete this section only if you would like to cancel your consent.** I,_____, cancel this permission. I understand that some action may have been taken prior to cancellation. Applicant Signature: _____ Witness:_____ Date signed:_____/_____/_____ M D Y

Applicant/Resident Information (Please Print and Complete)	
Last Name:	First Name:
Date of birth:	Phone #:
Current Address:	
Health Care Provider Information (Please Print and Complete)	
Last Name:	First Name:
Clinic:	Phone #:
Address:	License #:

How long has the applicant been under your care? _____

Does your patient have any respiratory concerns? Yes ☐ No ☐

If yes, please explain

_____

_____

_____

Does your patient have any gastrointestinal concerns? Yes ☐ No ☐

If yes, please explain

_____

_____

_____

Does your patient have any urinary and/or bowel concerns? Yes ☐ No ☐

If yes, please explain

_____

_____

_____

Does your patient have any history of addictions that impact their health?

Yes ☐ No ☐

If yes, please explain how the patient is managing their addiction.

_____

_____

_____

Any chronic diseases which may cause incapacitation to the point of specialized care in the near future? Yes ☐ No ☐

If yes, please explain

_____

_____

_____

Has your patient been hospitalized for a chronic condition in the past six months?

Yes ☐ No ☐

If yes, please explain

_____

_____

_____

Does your patient have any communicable diseases that would jeopardize the health of other vulnerable seniors living in the building? Yes ☐ No ☐

If yes, please explain

_____

_____

_____

Known allergies that our housekeeping or dining services need to be made aware of? Does your patient have any dietary restrictions? (Please list)

_____

_____

_____

How is the patient's sight? Good ☐ Impaired ☐ Managed with vision aids ☐

How is the patient's hearing? Good ☐ Impaired ☐ Managed with hearing aids ☐

How is the patient's speech? Good ☐ Impaired ☐ Managed with supplementary aids ☐

Does the patient require any Aids to Daily Living? Yes ☐ No ☐

If yes, please choose the most suitable: Cane ☐ Walker ☐ Wheelchair ☐ Scooter ☐ Other ☐

Is the patient able to safely and accurately administer their own medication? Yes ☐ No ☐

Is the patient able to dress themselves? Yes ☐ No ☐

Is the patient able to bathe/shower unassisted? Yes ☐ No ☐

Is the patient known to have a history of falls? Yes ☐ No ☐

If yes, please explain

_____

_____

_____

Is the patient known to have occurrences of wandering or significant confusion? Yes ☐ No ☐

If yes, please explain

_____

_____

_____

Does the patient show any signs of memory loss? Yes ☐ No ☐

If yes, please explain and ATTACH a copy of MMSE, MOCA, or SLUMS that was completed (within the last 60 days)

_____

_____

_____

Has the patient been diagnosed with any mental health condition that may impair their ability to manage independently at present or in the near future? Yes ☐ No ☐

If yes, please explain

_____

_____

_____

Has the patient been diagnosed with any physical condition that may impair their ability to manage independently at present or in the near future? Yes ☐ No ☐

If yes, please explain

_____

_____

_____

Is the patient currently receiving Home Care Support? Yes ☐ No ☐ Not applicable ☐

If yes, please explain

_____

_____

_____

Housing Options at Silvera for Seniors

Silvera offers a variety of housing options. **All housing options are non-medical; that is, Silvera does not employ health care workers. Residents may have scheduled home care support through AHS or a private provider.**

Housing – Accommodation Only (self-contained seniors' apartment)

Residents must be able to manage their daily needs and activities, including shopping, meal preparation, cleaning. There are no employees on site, although residents may have home care arrangements or other supports activated. Residents can access maintenance on call 24-hours/day and can access a Community Manager or Resident Support Coordinator (social worker) on business days. Is this patient capable of functioning independently in this setting?

Yes ☐ No ☐

If no, please explain

_____

_____

_____

Housing with Full Services (private suite in a congregate site)

Residents must be able to manage their daily needs and activities, within a congregate setting. Services provided include dining, weekly housekeeping, maintenance, active living programs, resident support team (social workers) and 24-hour employees on-site.

Is this patient capable of functioning independently in this setting? Yes ☐ No ☐

If no, please explain

_____

_____

_____

Would the patient be more appropriately accommodated in a site with a higher level of care than Silvera, that offers 24-hour health/medical support? Yes ☐ No ☐

If yes, please explain

_____

_____

_____

This assessment is valid for six (6) months only. The applicant/resident is responsible for notifying Silvera for Seniors if their health circumstances change, affecting the validity of this application.

_____ _____

Health Care Provider Signature
*Physician, Registered Nurse Practitioner or Naturopath ND

Date