Who is eligible to apply?

- Applicants 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 should be 65 years of age or older. Applicants under 65 years of age may still qualify for some communities.
- Residents must be a Canadian citizen or Permanent Resident (landed immigrant) and must have lived in Canada for at least 10 years **or** in Calgary for at least one year.

Three easy steps to your new home!

1) **Apply:** Please ensure ALL boxes are checked below prior to submitting your application. ALL applications MUST include the following, in order to be processed:

   - ☐ **Application Form** completed and signed
   - ☐ **Functional Assessment** completed by a physician, or nurse practitioner.
   - ☐ **Memory score – MoCA, MMSE, etc.** (if there is any indication of memory loss)
   - ☐ **Notice of Assessment** from most recent tax year
   - ☐ **Three-months bank statements** (With your full name on them)
   - ☐ **Any other proof of income required** (i.e.: Confirmation of AISH, Proof of Alberta Works, Investment income, etc.)
   - ☐ **Any other supportive documentation** (i.e.: Eviction letter, Notice of rent increase, etc.)

Note: NOA is required by the government to be eligible to apply for subsidized housing. You can request a copy of your NOA from the Canada Revenue Agency at 1.800.959.8281.

2) **Submit**: All documents can be emailed to CommunityLiving@silvera.ca; faxed to 403.276.9152, or mailed to Silvera for Seniors: Suite 804, 7015 Macleod Trail SW, Calgary, AB T2H 2K6. Application Forms can now be dropped off at any Silvera Supportive Living locations (Community names 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 an in-person Meet & Greet to ensure your needs can be met by Silvera. If applying for Supportive Living, we encourage you to do a virtual tour online and/or to call the community directly to arrange an in-person tour, prior to your Meet & Greet.

- Visit our website at www.silvera.ca to learn more.
- Choose a community location. Each location has a virtual tour or photos and a phone number listed.

This application contains your personal information, which is being collected under the authority of the Alberta Housing Act to be used to 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 (☐ not enacted / ☐ enacted)
☐ Legal Guardian ☐ Public Trustee ☐ Personal Directive
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 ______________________________

Prefer to move in: ☐ Under 30 Days ☐ 30 - 60 days ☐ Over 60 days.
Please list specific communities you are interested in (Max. 3) : **(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 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 BELOW** X ____________________ *** Applicant must sign here for Silvera to discuss this application with the person named above. ***	

ADDITIONAL QUESTIONS

Do you require pet friendly accommodations? ☐Yes ☐No
If Yes, Cat ☐ or Dog ☐

Do you smoke or vape? ☐Yes ☐No

Would you like to opt-in to receive a call or email regarding updates about Silvera's offerings and more? ☐Yes ☐No

Do you self-identify as being part of any of the following groups:

☐ Veterans
☐ Individuals Fleeing Violence
☐ Indigenous People
☐ At Risk of Homelessness
☐ LGBTQ+ Community
☐ Transitioning out of Homelessness Supports
☐ Racialized groups
☐ Persons with Disabilities
☐ Recent Immigrants or Refugees (Landed in past 5 years)
☐ Dealing with Mental Health or Addiction

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 been evicted? **(If Yes, please attach eviction letter)** ☐ 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). * **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 ***please include proof of AISH***

Alberta Works $_______________ monthly / yearly ***please include proof of AB Works***

Old Age Security $_______________ monthly / yearly

Alberta Seniors Benefits $_______________ monthly / yearly

Guaranteed Income Supplement $____________monthly / yearly

Canada Pension Plan $_______________ monthly/yearly

Other Pension $_______________ monthly/yearly

Employment $_______________ monthly / yearly

Other income* (Not listed above): $_________________monthly / yearly
*Excluding RRSP or RRIF income

ASSETS	
☐ Property $________________________	☐ Savings: $___________________________ (Excluding: RRSP, TSFA, RRIF)
☐ Land: $___________________________	☐ Investments: $_______________________
☐ 1st Household Car: $_______________	☐ Other: $_____________________________
☐ 2nd Household Car: $_______________	

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 Directory
☐ Facebook	☐ TV
☐ Silvera's website	☐ Radio
☐ Event _______________	☐ Other _________________________

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: ____

Please submit the completed application with ALL documents to Silvera:

Email to CommunityLiving@silvera.ca

Fax to 403.276.9152

Mail to Suite 804, 7015 Macleod Trail SW, Calgary, AB T2H 2K6.

Drop off at any Silvera Supportive Living locations.

(Community names that include "Commons" in the name)

Please visit our website at www.silvera.ca to view the locations.

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