

## 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](mailto: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](http://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](http://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](mailto:contact@silvera.ca)**

|  |                |              |
|--|----------------|--------------|
| <b>APPLICANT CONTACT INFORMATION</b>   |                |              |
| Last Name:   | First Name:    | Middle Name: |
| Also known as:   | Date of birth: | Age:         |
| Current Address:<br>_____  |                |              |
| City:  | Province:      | Postal Code: |
| Email:   | Phone #:       |              |
| <b>CO-APPLICANT CONTACT INFORMATION</b><br><b>(for double accommodation in the same unit)</b>  |                |              |
| Last Name:   | First Name:    | Middle Name: |
| Also known as:   | Date of birth: | Age:         |
| <b><i>Please note: a SEPARATE APPLICATION must be submitted for EACH APPLICANT.</i></b>  |                |              |
| <b>APPOINTEE INFORMATION (if applicable)</b>   |                |              |
| <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Enduring Power of Attorney ( <input type="checkbox"/> not enacted / <input type="checkbox"/> enacted)<br><input type="checkbox"/> Legal Guardian <input type="checkbox"/> Public Trustee <input type="checkbox"/> Personal Directive<br>If you check any of the boxes above, we may need additional information. |                |              |
| <b>WHAT IS YOUR CURRENT LIVING SITUATION</b>   |                |              |
| <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<br><input type="checkbox"/> Transitional Housing <input type="checkbox"/> Other _____  |                |              |
| <b>Prefer to move in:</b> <input type="checkbox"/> Under 30 Days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> Over 60 days.<br>Please list specific communities you are interested in (Max. 3) : (Subject to availability and income requirements. We do our best to accommodate.)<br>_____<br>_____   |                |              |

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")**

- |  |  |
|--|--|
| <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). **\* 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**

|  |   |
|--|---|
| <input type="checkbox"/> Property \$ _____                       | <input type="checkbox"/> Savings: \$ _____<br>(Excluding: RRSP, TSFA, RRIF) |
| <input type="checkbox"/> Land: \$ _____                          | <input type="checkbox"/> Investments: \$ _____                              |
| <input type="checkbox"/> 1 <sup>st</sup> Household Car: \$ _____ | <input type="checkbox"/> Other: \$ _____                                    |
| <input type="checkbox"/> 2 <sup>nd</sup> Household Car: \$ _____ |   |

**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 Directory              |
| <input type="checkbox"/> Facebook                      | <input type="checkbox"/> TV                           |
| <input type="checkbox"/> Silvera’s website             | <input type="checkbox"/> Radio                        |
| <input type="checkbox"/> Event _____                   | <input type="checkbox"/> 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](mailto: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](http://www.silvera.ca) to view the locations.

## 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 and are not alcohol restricted (except Beaverdam Commons)**. 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 Assessment individually identifying myself to be disclosed by \_\_\_\_\_,

**Applicant Name**

**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

|               |  |
|---------------|--|
| <b>CANCEL</b> | <b>Please complete this section only if you would like to cancel your consent.</b>                         |
|               | I, _____, cancel this permission. I understand that some action may have been taken prior to cancellation. |
|               | Applicant Signature: _____   |
|               | Witness: _____   |
|               | Date signed: _____/_____/_____<br>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

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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.

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Any chronic diseases which may cause incapacitation to the point of specialized care in the near future?

Yes  No

If yes, please explain

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

Yes  No

If yes, please explain

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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

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

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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

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

If yes, please explain

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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)**

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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

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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

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

If yes, please explain

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### 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.(Max. 20 hours scheduled care/week)**

#### *Independent Living or 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 on business days. Is this patient capable of functioning independently in this setting?

Yes  No

If no, please explain

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***Supportive Living or 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, life, learning and leisure programs and 24-hour employees on-site.

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

If no, please explain

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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

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**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