

# Assisted Living/Supportive Housing Program

## Application Form

### About the Program

The Assisted Living/Supportive Housing program at Legion Village helps tenants who need assistance with daily living to remain safely in their own apartment for as long as possible.

Services may include help with personal care (such as dressing or hygiene), safety checks, reminders, and support with daily routines. Care is provided by trained staff and is based on your individual needs.

This program is intended for individuals who:

- Need regular help throughout the day
- May require urgent or unscheduled support, but do not require ongoing medical or nursing care
- Can remain safely in their apartment between visits

Completing this application helps us determine if this program is the right fit for you.

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### Section 1: Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Apartment #: \_\_\_\_\_ Address: 111 Hibernia St.  
 Cobourg, ON K9A 4Y7

### Section 2: Substitute Decision Maker

*A Substitute Decision Maker (SDM) is someone who can make decisions for the applicant if unable.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Phone Type: Landline  Mobile   
 Is this individual documented in a Power of Attorney (POA) for Personal Care:  
 Yes  No

### Section 3: Health and Care Information

Primary Care Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Allergies: No known allergies:   
 Allergies (describe): \_\_\_\_\_  
 \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_  
 \_\_\_\_\_

### Section 4: Support Needs

Please answer based on the applicant's **current abilities**.

#### Daily Living:

1. Do you need help with things like dressing, bathing, toileting, or mobility?
  - Yes  No
2. Do you need help preparing meals or eating?
  - Yes  No

#### Memory & Decision Making:

1. Do you have trouble remembering things (appointments, medications, etc.)?
  - Yes  No
2. Do you ever have difficulty making safe decisions (for example, leaving the stove on, wondering, etc.)?
  - Yes  No

#### Safety:

1. Have you had any recent falls or close calls?
  - Yes  No
2. Do you need someone to check in on you for safety or reassurance?
  - Yes  No
3. Can you stay safe in your apartment when staff are not there?
  - Yes  No

#### Medication & Health:

1. Do you need help remembering or taking your medications?
  - Yes  No

#### Communication:

1. Do you have difficulty communicating your needs (speaking, understanding, hearing, etc.)?
  - Yes  No

#### Care Support:

1. Do you currently have a family member or caregiver who helps you regularly?
  - Yes  No
  - If yes, are they able to continue providing support?
    - Yes  No

#### Future Planning:

1. Are you currently on a waiting list at a Long-term care home (LTCH)?
  - Yes  No

### Section 5: Consent for Collection of Personal Health Information

I understand that:

- The information provided in this application will be used to assess eligibility for the Assisted Living/Supportive Housing program; and
- My personal and health information will be collected, used, and shared only as needed for assessment, care planning, and service delivery; and
- My information will be protected in accordance with privacy legislation; and
- I may withdraw my consent at any time, subject to legal or operational requirements.

I consent to the collection, use and disclosure of this information for the purposes described above.      Yes       No

### Section 6: Signatures

I confirm that the information provided is accurate to the best of my knowledge.

**Signature (Applicant or SDM):** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Returned Completed Form to Reception or the mailbox outside of the Supportive Housing Office.**

### For Office Use Only

**Application Received By:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Eligibility Determination:** Eligible       Not Eligible       Review Required

**Waitlist Status:** Added to Waitlist       Immediate Start

**Notes:**