

## ***Eligibility & Information***

### **1. ELIGIBILITY**

#### **a. Age**

- Minimum age of sixty-five (65), however, **exceptions** may be made under special circumstances

#### **b. Physical & Mental Health**

- Functionally independent with the assistance of existing community-based services
- A professional medical assessment is required to determine functional independence

#### **c. Residency**

- Current residents of Mountain View County or one of the municipalities within Mountain View County, or
- Previous residents of Mountain View County or one of the municipalities within Mountain View County, or
- Immediate family members who are currently:
  - Residents of Mountain View County, or
  - Residents of Alberta, or
  - Residents of Canada

#### **d. Citizenship**

- Canadian Citizen or Permanent Canadian Resident, or
- Immigrants or refugees whose private sponsorship has broken down, or
- Ukrainian Evacuees

### **2. APPLICATION**

#### **a. How To Apply**

- Please complete the attached Lodge Program Application Form
- Please attach a copy your most current Notice of Assessment
- Please attach a copy of the completed Medical Assessment Form
- Return all documents to the MVSH Admissions Department at the address listed below

### **3. WHAT HAPPENS NEXT?**

#### **a. Received applications**

- Once a fully completed Lodge Application package is received, the Site General Manager of the preferred location will contact the applicant(s) for an interview and tour
- All applicants are assessed for suitability and scored in accordance with applicable legislation. If additional professional medical assessment is required, our office will contact the applicant(s) accordingly
- Any medical assessment(s) indicating an individual's needs are beyond what a Lodge level facility can manage safely will result in the application being declined

#### **b. Lodge Program Waitlist**

- Eligible applicants will receive both a phone call and letter confirming their application has been approved and their name(s) has been added to the Lodge Program Waitlist
- Applications remain eligible for a period of twelve (12) months and are revaluated for changes a minimum of annually thereafter

#### **c. Suite Offers**

- When a suite becomes available, an MVSH Team member will contact the applicant(s) to arrange a viewing of the available unit
- Applicants who decline the offer of a Lodge suite on two (2) separate occasions will have their application removed from the Lodge Program waitlist and all of their existing documentation will be considered obsolete. Individuals must then re-apply to the MVSH Lodge Program.

**Mountain View Seniors' Housing  
Admissions Department**

#301, 6501-51<sup>st</sup> St Olds, AB., T4H 1Y6  
Phone: 403-556-2957, Fax: 1-587-796-0775  
Email: [admissions@mvsh.ca](mailto:admissions@mvsh.ca)

Updated: January 13, 2026

## Lodge Accommodation – Application Form

Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Second Applicant's Name (if applicable): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Second Alternate Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

### How did you hear about the Lodge Program?

\_\_\_\_\_

### LOCATION:

1. Location applying for (please select **ONE** preferred location only):

**Aspen Ridge Lodge** (Didsbury) ☐ **Chinook Winds Lodge** (Carstairs) ☐

**Mount View Lodge** (Olds) ☐ **Sundre Seniors Supportive Living** (Sundre) ☐

2. If a suite became available in another location sooner than my selection above, I / we **WOULD** move elsewhere:

**Yes** ☐ **No** ☐

If **YES**, to the question above, which other location (s) would you move to ?

**Aspen Ridge Lodge** (Didsbury) ☐ **Chinook Winds Lodge** (Carstairs) ☐

**Mount View Lodge** (Olds) ☐ **Sundre Seniors Supportive Living** (Sundre) ☐

### CITIZENSHIP:

Canadian Citizen(s) ☐

Permanent Resident(s) of Canada ☐

- Refugee(s) sponsored by the Gov't of Canada ☐
- Ukrainian evacuee(s) ☐
- Applicant(s) of refugee or immigrant status ☐
- Landed immigrant(s) for whom private sponsorship has broken down ☐

**RESIDENCY:**

1. Do you currently live in Mountain View or one of the municipalities within Mountain View County?

Yes ☐ No ☐

2. If NO to the question above, have you previously lived in Mountain View or one of the municipalities within Mountain View County?

Yes ☐ No ☐

3. If NO to the questions above, do you have immediate family members who currently are:

Residents of Mountain View? or, ☐

Residents of Alberta? or, ☐

Residents of Canada? ☐

4. **Optional:** Do you identify as a member of these populations as defined by Ministerial Order #H:025/2022?

Physical or developmental disability ☐ Fleeing violence ☐

Veteran ☐ Mental health or addition ☐

Racialized or Indigenous ☐ Diverse sexual orientation, gender identity or expression ☐

People at risk of homelessness or transitioning out of homelessness supports ☐

**CURRENT HOUSING:**

Own ☐ Rent ☐ (current monthly rental payment = \$ \_\_\_\_\_ )

Living in a hotel ☐ Staying with friends/family ☐

Living in a shelter ☐ Living in a vehicle/RV ☐

Other ☐ Living in a hospital/institution ☐

**VERIFICATION OF ANNUAL INCOME:**

1. Please attach a copy of your most current Notice of Assessment from Canada Revenue Agency ☐

2. Please state your highest source of income:

Canada Pension Plan/Old Age Security/other pensions ☐

RRSP/RRIF Withdrawals ☐

AISH ☐

Income Support ☐

Other: \_\_\_\_\_

**MEDICAL** (to assess functional independence):

1. Please return a copy of the attached Medical Assessment Form along with your application ☐

**APPLICANT'S DECLARATION:**

**All applicants MUST sign the application. This application cannot be processed without signatures.**

1. I / we declare that the information contained herein is true and accurate.
2. I / we understand that this personal information is being collected under the authority of Alberta Protection of Privacy Act (POPA) for the purpose of administering any rental subsidies. Questions regarding the collection of personal information can be directed to the Privacy Administrator for MVSH at 403-556-2957.

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

*Signature of Primary Applicant*

*Signature of Witness*

\_\_\_\_\_  
*Signature of Co-Applicant*

\_\_\_\_\_  
*Signature of Witness*

Please return application form and attachments to:

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**Admissions Department**

#301, 6501-51<sup>st</sup> St Olds, AB T4H 1Y6

Phone: 403-556-2957 Fax: 1-587-796-0775

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## MEDICAL ASSESSMENT FOR ACCOMMODATION

"Functional independence with the assistance of existing community-based services" is a **legislated eligibility requirement** for Supportive Living level accommodations.

This form should **only** be completed by a medical professional with the capacity to assess and determine whether or not an individual is functionally independent (ie. a Home Care RN, family physician, etc.).

### A. GENERAL

1. Applicant Name: \_\_\_\_\_
2. Date of Birth (MM/DD/YYYY): \_\_\_\_\_
3. Gender: Male ☐ Female ☐ Other ☐ \_\_\_\_\_
4. How long have you known the Applicant: \_\_\_\_\_

### B. MENTAL HEALTH AND ADDICTION

- |                          |                              |                             |                |
|--------------------------|------------------------------|-----------------------------|----------------|
| 1. Cognitive Impairment: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Comment: _____ |
| 2. Dementia:             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Comment: _____ |
| 3. Depression:           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Comment: _____ |
| 4. Hoarding:             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Comment: _____ |
| 5. Wandering:            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Comment: _____ |
| 6. Aggression:           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Comment: _____ |

If **YES** to **any** of the questions above, then cognitive testing **must** be completed and the details entered below:

Date of testing: \_\_\_\_\_

Type of cognitive test performed (ie. SLUMS): \_\_\_\_\_

Score: \_\_\_\_\_

7. Diagnosed mental illness: Yes ☐ No ☐ Comment: \_\_\_\_\_

If **YES** to the question above, is the condition currently being managed?

Yes ☐ No ☐ Comment: \_\_\_\_\_

8. Alcohol Addiction/Abuse: Yes ☐ No ☐

If **YES** to the question above, is the condition currently being managed?

Yes ☐ No ☐ Comment: \_\_\_\_\_

9. Drug Addiction/Abuse: Yes ☐ No ☐

If **YES** to the question above, is the condition currently being managed?

Yes ☐ No ☐ Comment: \_\_\_\_\_

### C. PHYSICAL HEALTH

1. Diagnoses and Pertinent History:

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2. Known Allergies:

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3. Oxygen use: Yes ☐ No ☐

If **YES**, self-managed or able to manage with scheduled care assistance only: Yes ☐ No ☐

4. Diabetic: Yes ☐ No ☐

If **YES**, self-managed or able to manage with scheduled care assistance only: Yes ☐ No ☐

5. Independently mobile (with or without mobility aids): Yes ☐ No ☐

Mobility Aid(s) used: Cane ☐  
Walker ☐  
Wheelchair ☐  
None ☐

6. Incontinent: Yes ☐ No ☐

If **YES**, self-managed or able to manage with scheduled care assistance only: Yes ☐ No ☐

7. Currently able to manage personal hygiene: Yes ☐ No ☐

If **NO**, able to manage with scheduled care assistance only: Yes ☐ No ☐

8. Currently able to manage bathing: Yes ☐ No ☐

If **NO**, able to manage with scheduled care assistance only: Yes ☐ No ☐

9. Currently able to manage medications: Yes ☐ No ☐

If **NO**, able to manage with scheduled care assistance only: Yes ☐ No ☐

Updated: January 13, 2026

10. Other scheduled care needs of note (ie. catheter, colostomy bag, etc.): Yes ☐ No ☐

If **YES**, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Infectious or communicable diseases (TB, HIV, Hepatitis, etc.): Yes ☐ No ☐

If **YES**, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Does the applicant currently utilize Home Care Services: Yes ☐ No ☐

If **NO**, do they require Home Care Services: Yes ☐ No ☐

If **YES** to previous question, please refer Applicant to AHS Central Zone Intake at 1-855-371-4122 to initiate ☐

13. Does the Applicant have a Goals of Care: Yes ☐ No ☐

14. Is further assessment (ie. RAI) required to determine Functional Independence: Yes ☐ No ☐

If **YES**, please refer Applicant to AHS Central Zone Intake at 1-855-371-4122 to initiate ☐

#### D. COMPLETION AND SIGNATURE

Mountain View Seniors' Housing collects information for business operations in compliance with the Alberta Protection of Privacy Act (POPA). We safeguard personal privacy and ensure all information is handled appropriately in accordance with applicable legislation. Questions regarding the collection of personal information can be directed to the Privacy Administrator for MVSH at 403-556-2957.

This report was completed on and by:

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

Name: \_\_\_\_\_

Professional designation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return completed form to the Applicant, or forward directly to:

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#301, 6501-51<sup>st</sup> St Olds, AB T4H 1Y6

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