



**340175 ALBERTA SOCIETY  
GRANDE PRAIRIE RESIDENTIAL SOCIETY**

*RETURN TO:*

Home Care Office, Alberta Health Services  
10121 - 97 Avenue, Virene Building  
GRANDE PRAIRIE, AB T8V 0N5 Fax: 780-532-2477

*OR*

Grande Spirit Family Housing Office  
9503 102 Ave.  
GRANDE PRAIRIE, AB Fax: 780-882-6774

**TENANT APPLICATION**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

SEX: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ NAME OF GUARDIAN \_\_\_\_\_

NAME OF TRUSTEE \_\_\_\_\_

OTHER PERSONS WHO WILL OCCUPY UNIT: NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ AGE IF CHILD \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ AGE IF CHILD \_\_\_\_\_

DATE UNIT IS REQUIRED: \_\_\_\_\_ IS THIS A REQUEST TO TRANSFER WITHIN GPRS? \_\_\_\_\_

WILL YOU REQUIRE A 1, 2 OR 3 BEDROOM UNIT? \_\_\_\_\_

DO YOU HAVE THE CARE YOU NEED TO LIVE INDEPENDENTLY? \_\_\_\_\_

WILL YOU REQUIRE ADDITIONAL SUPPORT IN THIS HOUSING UNIT? \_\_\_\_\_

IF YES, DO YOU REQUIRE ASSISTANCE IN ACQUIRING THAT SUPPORT? \_\_\_\_\_

WOULD YOU BE WILLING TO SHARE A UNIT WITH ANOTHER APPLICANT? \_\_\_\_\_

PRESENT ACCOMMODATIONS \_\_\_\_\_

WHY DO YOU WANT TO MOVE? \_\_\_\_\_

HAVE YOU EVER LIVED ON YOUR OWN BEFORE? \_\_\_\_\_

DO YOU HAVE A SMALL PET THAT YOU WANT TO BRING WITH YOU? \_\_\_\_\_ TYPE \_\_\_\_\_

DO YOU RESIDE IN THE GRANDE PRAIRIE AREA? \_\_\_\_\_ IF SO, FOR HOW LONG? \_\_\_\_\_

HAVE YOU LIVED IN THE PEACE REGION IN THE PAST? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

DIAGNOSIS/DISABILITY: \_\_\_\_\_

SOURCE(S) OF HOUSEHOLD INCOME: \_\_\_\_\_

TOTAL MONTHLY INCOME: \_\_\_\_\_ ANNUAL INCOME: \_\_\_\_\_

**COMMUNICATION ABILITY**

YES    NO    PARTIALLY

ARE YOU ABLE TO USE THE TELEPHONE?    \_\_\_\_\_

COMMUNICATE BY SPEECH?    \_\_\_\_\_

COMMUNICATE BY OTHER MEANS?    \_\_\_\_\_ Describe: \_\_\_\_\_

**TRANSPORTATION NORMALLY USED**

DTS HANDIBUS \_\_\_\_\_ TAXI \_\_\_\_\_ OWN VEHICLE \_\_\_\_\_ OTHER \_\_\_\_\_

**MOBILITY** (F/T = Full time P/T = Part Time)

STANDARD WHEELCHAIR \_\_\_\_\_ CRUTCHES \_\_\_\_\_ WALKER \_\_\_\_\_ CANE \_\_\_\_\_  
F/T \_\_\_ P/T \_\_\_                      F/T \_\_\_ P/T \_\_\_                      F/T \_\_\_ P/T \_\_\_                      F/T \_\_\_ P/T \_\_\_

POWER WHEELCHAIR \_\_\_\_\_ SCOOTER \_\_\_\_\_ OTHER \_\_\_\_\_ Describe: \_\_\_\_\_  
F/T \_\_\_ P/T \_\_\_                      F/T \_\_\_ P/T \_\_\_                      F/T \_\_\_ P/T \_\_\_ INDEPENDENT USE? \_\_\_\_\_

PLEASE DESCRIBE WHERE AND WHEN YOU USE YOUR WHEELCHAIR/POWER W/C AND/OR SCOOTER AT THIS TIME?

\_\_\_\_\_

LIST ANY SPECIAL EQUIPMENT YOU ARE NOW USING: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL CARE ASSISTANCE REQUIRED**

	NONE	PARTIAL	TOTAL		NONE	PARTIAL	TOTAL
FEEDING	_____	_____	_____	BATHING	_____	_____	_____
DRESSING	_____	_____	_____	SHOWERING	_____	_____	_____
WASHING HANDS/FACE	_____	_____	_____	SHAVING	_____	_____	_____
COMBING HAIR	_____	_____	_____	SHAMPOOING	_____	_____	_____

WHAT ASSISTANCE DO YOU REQUIRE AT NIGHT? \_\_\_\_\_

**HOMEMAKING ASSISTANCE REQUIRED**

	<u>NONE</u>	<u>PARTIAL</u>	<u>TOTAL</u>
MEAL PREPARATION	_____	_____	_____
CLEANING	_____	_____	_____
LAUNDRY	_____	_____	_____
BUDGETING	_____	_____	_____

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW:** \_\_\_\_\_

**REFERENCES**

PLEASE GIVE ONE PERSONAL REFERENCE (NOT INCLUDING FAMILY):

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_

PLEASE GIVE ONE RENTAL REFERENCE:

NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF RESIDENCY: \_\_\_\_\_

\_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I HEREBY AUTHORIZE 340715 ALBERTA SOCIETY (GRANDE PRAIRIE RESIDENTIAL SOCIETY) TO OBTAIN AND USE SUCH MEDICAL AND SOCIAL REPORTS AND INFORMATION AS MAY BE REQUIRED.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_