



**MEDICAL ASSESSMENT FOR SENIORS SELF-CONTAINED INDEPENDENT LIVING**

(CONFIDENTIAL)

TO: **ATTENDING MEDICAL PROFESSIONAL:**

“Functional independence with the assistance of existing community-based services” is a **legislated eligibility requirement for Senior’s Independent Living** within Greater North Foundation Seniors Self-Contained facilities.

This form provides supplemental information to assess the applicant’s eligibility for accommodations within an independent living facility and should **ONLY** be completed by a medical professional with the capacity to assess and determine whether or not an individual is functionally independent (ie. Family Physician, Nurse Practitioner, Home Care RN)

**Any charge for the completion of this form is the responsibility of the applicant.**

This completed form must accompany application or can be mailed or e-mailed to:

Lac La Biche Housing c/o Manager Box 154 Lac La Biche, AB T0A 2C0 llbhous@gnfoundation.ca	Athabasca Housing c/o Manager 4102-50 Street Athabasca, AB T9S 0A6 athabasca@gnfoundation.ca	Boyle Housing c/o Manager Box 420 Boyle, AB T0A 0M0 boyle@gnfoundation.ca	Plamondon Housing c/o Manager Box 900 Lac La Biche, AB T0A 2C0 lactalta@gnfoundation.ca
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<p>Head Office c/o Administration Unit 1, 3603 – 53 St. Athabasca, AB T9S 1A9 admin@gnfoundation.ca</p>
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**THIS SECTION TO BE COMPLETED BY THE APPLICANT:**

I hereby authorize my medical professional, that has records or knowledge of my health, to provide full information to the Greater North Foundation, or any authority acting on their behalf for the purpose of determining eligibility for senior’s independent housing.

Date:

Signature of Applicant

Signature of Witness

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**THIS SECTION TO BE COMPLETED BY THE MEDICAL PROFESSIONAL:**

1. Name of Applicant: Birth Date:  
2. Address: Postal Code  
3. Date of last contact with the applicant to substantiate this information:  
4. Does the applicant have any physical limitations that would impede their ability to reside in a private self-contained apartment? **YES NO ; if yes please provide further details:**  
5. Does the applicant have any cognitive impairment that would impede their ability to function independently in a private self-contained apartment? **YES NO ; if yes, please provide further details:**  
6. Does the applicant have any mental illness that would impede their ability to function independently in a private self-contained apartment? **YES NO ; if yes, please provide further details:**  
7. Does the applicant have any infectious or communicable diseases (TB, etc.) that could potentially affect the health and safety of other seniors? **YES NO ; if yes, please provide further details:**

Please provide additional medical information which you feel would be important to the applicant's application for Senior Citizen Housing;

**DATE:**

**SIGNATURE OF ATTENDING MEDICAL PROFESSIONAL**

**ADDRESS:**

**PLEASE PRINT NAME**

*This information is being collected under the authority of the Protection of Privacy Act section 4(c) for the purpose of administering a housing program. Any questions or concerns regarding the use and/or handling of the information should be directed to the information coordinator at 780-675-9660.*