

# COUNTY OF STETTLER HOUSING AUTHORITY

*“Seniors and Community Housing”*

## Central Office

### **Willow Creek Lodge**

6020 - 47 Avenue, Stettler, AB T0C 2L1  
Phone: 403-742-2953 Fax: 403-742-3199

### **Paragon Place Lodge**

5011- 55 Street, Stettler, AB T0C 2L2  
Phone: 403-742-6195 Fax: 403-742-6198



## **Heart Haven Lodge**

6011- 50 Street, Stettler, AB T0C 2L1  
Phone: 403-742-9220 Fax: 403-742-9221

## **Stettler Community Housing**

403-740-9224

## **Big Valley - Valley Villa Apts.**

403-741-8605

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## County of Stettler Housing Authority – Big Valley Villa Application Process

The following instructions will guide you through the application process. Each applicant must complete an ‘**Application for Accommodation**’ form, and the ‘**Physician’s Report**’ form. It is important to note that **couples applying must fill out two separate applications.**

1. Complete the ‘**Application for Accommodation**’ form.

Note: Section F – Declaration – This can be left blank to fill out during the interview.

2. Have your family doctor complete the ‘**Physician’s Report**’ form.
3. Attach your latest **income tax return** to your application. (Supporting slips and schedules not required)
4. Upon completion of the above forms, please **call to arrange for an interview and facility tour**. The information gathered will be used to determine if the applicant meets the criteria for accommodation and to determine their placement on the waiting list.
5. Applicants **must be deemed eligible** for accommodation before their application is accepted and processed.
6. It is the responsibility of the applicant to **ensure the application is up to date at all times**. It is important to note that eligibility, or non-eligibility of an applicant can change as circumstances change.

If you have any questions at all, please call 403-742-6195. I look forward to meeting with you.

Elaine Dumont-Hudye  
Resident Services Manager,  
County of Stettler Housing Authority

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## Application for Accommodation

### A. APPLICANT (Couples must complete separate applications) Full Name – Please Print:

\_\_\_\_\_  
Surname Given Name Middle Name

Full Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Box or Street Town Postal Code

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Mon/Day/Year

Marital Status: \_\_\_\_\_ (Single/Married/Widow/Divorced/Separated/Common-law)

Health Care Number: \_\_\_\_\_ Name of Doctor \_\_\_\_\_

Name of Executor(s) (You must advise us if this changes) \_\_\_\_\_

### B. PERSONAL CONTACTS

**Emergency Contacts:** Please list family or friends that we may contact if you need assistance.

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_

### C. ACCOMMODATIONS

Please number, in order, your preference of facilities. Valley Villas \_\_\_\_\_ Lodge \_\_\_\_\_



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## VALLEY VILLA - SELF CONTAINED SENIORS' APARTMENTS MEDICAL PROFILE OF APPLICANT FOR SENIORS' HOUSING

### TO THE ATTENDING PHYSICIAN:

- A. This Medical information form is required by County of Stettler Housing Authority in regard to all applicants seeking admission into Valley Villa Seniors' Self - Contained Apartments. All information must be current within a six month time frame.
  
- B. As per the “Social Housing Accommodation” Regulation of the Alberta Housing Act, Sect. 13, #2B - “... A Senior citizen household is eligible for self-contained senior citizen’s housing accommodation, if that household is - i. functionally independent or ii. Functionally independent with the assistance of existing community based services. Functionally independent is defined in Sect. 1, 1H, as “means physically and mentally self sufficient.”
  
- C. There is no staff 24/7 on site. The Applicant is responsible for preparing and cooking meals as well as all housekeeping duties including laundry.

The form is to supplement other information to determine if the Applicant is physically and mentally able to look after him or herself in a self contained apartment.

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### AUTHORIZATION OF APPLICANT:

I hereby authorize any Physician, Medical Clinic, Hospital or other person that has any records of knowledge of my health to provide full information to the County of Stettler Housing Authority.

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Date

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Signature of Applicant

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Witness

# COUNTY OF STETTLER HOUSING AUTHORITY

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## VALLEY VILLA - SELF CONTAINED SENIORS' APARTMENTS MEDICAL PROFILE OF APPLICANT FOR SENIORS' HOUSING

NAME OF APPLICANT: \_\_\_\_\_

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

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

Date of last contact with the patient to substantiate this information:

\_\_\_\_\_

Is this applicant physically and mentally able to maintain him or herself in a private self - contained apartment?

YES \_\_\_\_\_

NO \_\_\_\_\_

Please detail any medical information which you feel would be important to the applicant's application for senior citizen self-contained housing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attending Physician's Signature

\_\_\_\_\_  
Physician's Office Ph. Number

\_\_\_\_\_  
Attending Physician's Name (Printed)

\_\_\_\_\_  
Date of Signature

Once the Applicant has signed the Authorization, please return the form to:

County of Stettler Housing Authority  
ATTN: Valley Villa  
5011-55 Street  
Stettler, Alberta  
T0C 2L2      Or      Fax to 403-742-6198