ERMINESKIN HOME CARE APPLICATION

ERMINESKIN ASSISTED LIVING (HOME CARE)
P.O Box 219, Maskwacis, AB
T0C 1N0
Toll Free: 1-866-585-3941
Fax: 1-780-585-2050
E-mail:
darlene@ermineskin.ca

Section A: Client Identifier

1)	2) Priority No.	3) Application Date:
___New Client ___Current Client ___Returning	___ Short Term ___ Long term	Day/ Month/ YEAR/

4) Band: Ermineskin

5) Band Treaty Number: 443

6) Living on Reserve: (Yes)

Section B: Basic Client Information

7) Surname:	8) Given name:	09) Date of Birth: Day/ Month/ Year/

10) Address: P.O BOX City: Maskwacis

11) Province: Alberta Postal Code: T0C-1N0

12) Home Phone: Other Contact No?

13) Alberta Health Care No: _____ Social Insurance Card Number: _____

14) Gender:	15) Marital Status:	16) Spousal Information:
____Female ____Male	___Single ___Married ___Common-Law __ Separated/Divorced ___Widow	Name: Band Number: Date of Birth: Health Number: Social Insurance Number:

SECTION C: OTHER INFORMATION

17) House Hold Occupants:

Name (s)	Date of Birth:	Age:

Section D: Consent

1. The information on this file may be used to verify eligibility on the Social Assistance B & D File.
2. The information on this file may be used by INAC

Section E: Conditions for Assisted Living Assistance

I hereby agree to the following:

1. To become familiar with the assistance under the Ermineskin Assisted Living (Home Care) Policies.
2. To provide documentation on my current medical condition(s).
3. To report any changes to my medical assessment (example: clients who were on short term)
4. To report any changes to my residency (example: moving off-reserve)
5. I am not working full-time or part-time

By signing below, I am committed to be accountable to the Ermineskin Assisted Living (Home Care) for my Medical Status.

Client Signature: _____ Date: _____

Comments:

Assisted Living Coordinator Signature: _____ Date: _____

(For Office Use Only)
Attachments:

- ☐ Application form
- __ Picture Identification, Social Insurance Number & Alberta Health Card Number
- ☐ Medical Documentation
- __ Client Fee Determination Form
- __ Bank Statement or Any other Stubs