Ilarion Seniors Residence

2509 Louise Street,
Saskatoon, SK. S7J 3L7

Email: info@ilarion.ca
Phone: 306-955-1372 **or** 306-373-7011

Ilarion Seniors Residence
Retirement Complex

Assisted Living: Application for Accommodation

Applicants Name: _____
Surname *First Name* *Middle Name*

Present Address: _____
Street or Box # *City & Province* *Postal Code*

Telephone: _____ Email: _____ Marital Status: _____

Marital Status: *Married* ○ *Single* ○ *Divorced* ○ *Widow* ○ *Widower* ○ Spouse Name: _____

Date of Birth: _____

SHSP #: _____ Doctor's Name: _____

Clinic Name & or Address: _____

Religious Affiliation (Optional): _____

Do you have a Spiritual Leader, Priest, Pastor or Counselor? _____

Co-Applicants Name: _____
Surname *First Name* *Middle Name*

Present Address: _____
City & Province *Postal Code*

Telephone: _____ Email: _____ Marital Status: _____

SHSP #: _____ Doctor's Name: _____

Clinic Name & or Address: _____

Alternate Contacts:

1. Name: _____ Relationship: _____
   Phone: _____ Email: _____
2. Name: _____ Relationship: _____
   Phone: _____ Email: _____

Why do you wish to move into this residence? _____

_____

Describe your present health status: Good _____ Fair: _____ Poor: _____

Which of the following do you need to carry out activities of daily living?

Home Care _____ Wheelchair _____ Walker _____ Scooter _____

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Assisted Living:

- ◯ Studio Style apartments - Sole Occupancy
- ◯ Studio Style - Dual Occupancy

Date you would like to move in?_____

Please notify if there is any change in status of application.
Applicants are asked to complete an ASSESSMENT OF NEED AND ACTIVITY form for each applicant.
I understand criteria to live in Assisted Living is to make your way to the dining room for all meals & keep up with personal hygiene.

I understand that acceptance of this application does not constitute an agreement by the Assisted Living Centre to provide me with accommodation.

I have read and understand the guidelines for Residents & families of the Assisted Living Centre.

I declare that the information given in this application is correct and complete.

If I am accepted for accommodation in the ASSISTED LIVING CENTRE, I agree to sign the DECLARATION.

- ◯ I agree to have all medical prescriptions bubble packed by my pharmacy.
- ◯ I agree to allow the Assisted Living staff to supervise my medications.
  (open the bubble pack and give the medications to me at the assigned times)

_____

Applicant's Signature:

_____

Applicant Witness:

_____

Power of Attorney:

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Assisted Living Assessment of needs and activities:

*** Medical Conditions:**

- ○ Diabetes
- ○ Arthritis or Rheumatism
- ○ Heart or Circulatory Problems
- ○ Cancer
- ○ Effects of Stroke
- ○ Multiple Sclerosis
- ○ Other

Effects: _____

*** Eyesight:**

- ○ Glasses
- ○ Fair
- ○ Partly Blind
- ○ Good
- ○ Poor

*** Feet:**

- ○ (Pain, Swelling, etc)
- ○ No Problems
- ○ Some Problems
- ○ Significant Problems

Effects: _____

*** Hearing:**

- ○ Hearing Aid (left ear)
- ○ Other Auditory Aids
- ○ Totally Deaf
- ○ Some Problems
- ○ Hearing Aid (right ear)
- ○ Partly Deaf
- ○ No Problems
- ○ Significant Problems

Effects: _____

Activities for daily living:

*** Walking:**

- ○ Fully Independent
- ○ Requires Some Assistance
- ○ Other
- ○ Independent w/ Cane, Walker, Etc.
- ○ Wheel Chair - Independent

More Information: _____

*** Hearing:**

- ○ Hearing Aid (left ear)
- ○ Other Auditory Aids
- ○ Totally Deaf
- ○ Some Problems
- ○ Hearing Aid (right ear)
- ○ Partly Deaf
- ○ No Problems
- ○ Significant Problems

More Information: _____

*** Grooming:**

- ○ No Help
- ○ Unavble To Perform Without Help
- ○ Limited
- ○ Significant Problems

More Information: _____

*** Sleep:**

Currently Using Sleep Medications ○ Yes ○ No

- ○ No Problems
- ○ Significant Problems
- ○ Some Problems

More Information: _____

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Assisted Living Assessment of needs and activities:

*** Medication Administration:**

○ Independent ○ Supervision ○ Full Assistance

Comments: _____

Support:

*** Specialized Care:**

- ○ Physical/Emotional
- ○ Chiropodist
- ○ Speech Therapist
- ○ Adult Day Care
- ○ Social Worker
- ○ Psychiatrist
- ○ Mental Health Nurse
- ○ Home Care Nurse

*** Other:** _____

*** Aids & Equipment Required:**

- ○ Cane
- ○ Bath Bars
- ○ Crutches/Walker
- ○ Raised Toilet Seat
- ○ Wheelchair
- ○ Leg Brace
- ○ Artificial Limb
- ○ Ostomy Equipment
- ○ Oxygen Equipment
- ○ Pacemaker

*** Other:** _____

Personal Information:

Family Background:

Hobbies/Interests: _____

Comments: _____

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Dietary Information

*** Food Allergies? Please List:** _____

_____

*** Food Preferences? Please List:** _____

_____

*** Food Dislikes? Please List:** _____

_____

*** Food Tolerance? Please list any foods that cannot be tolerated:** _____

_____

_____

*** What diseases do you have that affect your diet?** _____

_____

○ Diabetes ○ Irritable Bowel Syndrome ○ Colitis

○ Other, Please List: _____

Housing For
Ilarion Seniors Residence

Ilarion Seniors Residence
Retirement Complex

Ilarion Seniors Residence is operated by the Ukrainian Orthodox Senior Citizens Society. This two story building is located in a quiet residential area in Eastview, close to Market Mall and other community services.

We have 161 apartments for Rent:

30 Assisted Living
30 Life Lease - (Condominium Style Living)
10 Bachelor apartments – 400 sq. ft
76 one bedroom apartments – 560 sq. ft
15 two bedroom apartments – 800 sq. ft

Our services/amenities include:

- Completely wheelchair accessible
- Free laundry facilities on each floor
- Recreational facilities including, lounges, shuffleboard, pool and puzzle tables
- City bus stop directly in front
- Chapel
- Guest suite
- Beauty Salon
- Exercise Room
- Library with computer access
- Gazebo and courtyards
- All utilities included in rent
- Shopping mall within 2 blocks
- Podiatrist visits once a month

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Regulations Pertaining to the Landlord/Tenant Lease Agreement

- Singles may apply but couples are given priority to rent two-bedroom and large one-bedroom, two bathroom apartments. At the death of one, the survivor may move to a smaller apartment if desired.
- Movement from one apartment to another in the building will not be allowed unless it is to a different size or type of apartment.
- A tenant may not sublet their apartment.
- Ilarion Seniors Residence provides heats, water, electricity, stove, and fridge. The tenant shall be responsible for their own telephone and cable/ Internet services. If the tenant has an air conditioner there is an additional charge of $20.00/month for the months of May – August regardless of the frequency of use. An electrified parking stall is an additional $25.00 per month.
- The Maintenance person or Administration or delegate may enter any apartment when it is deemed necessary for emergency or service reasons.
- Rent shall be paid in advance or on the first day of the month. Direct deposit is preferred.
- The tenant is responsible for securing a tenant pack for insuring their belongings and liability.
- The tenant is responsible for the security of the apartment by keeping doors and windows locked when away.
- Door chains are not allowed for fire safety reasons.
- Alterations within apartments are not permitted without the consent of Administration and/or the Board of Directors.
- Tenants are responsible for the cleanliness and sanitary conditions within the apartments. This includes disposal of garbage to the outdoor disposal bin, and shampooing carpets when necessary.
- Pets are allowed during the day only. No overnight visits.
- Visitors may stay with a tenant or in the guest apartment for no more than seven days, except by special permission.
- Tenants shall avoid the spread of cooking odors by keeping their doors closed and using kitchen fans when cooking.
- Written notice to vacate must be given on or before the last day of the month of tenancy to be effective on the last day of the following month of tenancy.
- The owners expect all tenants to use proper care and attention in the use of laundry equipment, appliances, recreation areas and lounges.
- Rules and regulations in the tenancy agreement must be followed at all times.
- Smoking is not allowed in the building.

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