

Inclusio is Accessible Housing’s 45-unit home which provides a supportive living environment where residents can thrive. Before filling out this tool, please carefully read the [Inclusio section](#) of our website where you will find very important information about the Inclusio program, rent structure, supports available, and other details about living at inclusio. This information will help you best understand what Inclusio offers, and whether residency at Inclusio is suitable for you.

In completing this application for residency at inclusio, please provide as detailed information as you can. Once complete, save this document and email it to intake@accessiblehousing.ca. Please note that this is only the first step in the application process. Upon receipt of your application, the Inclusio Intake team will inform you of the next steps in your application process, and what else is required of you. If you need clarification about the information on this application form, please email intake@accessiblehousing.ca.

Eligibility Criteria

Inclusio is best suited for residents who are self-motivated, willing to maximize their independence, and enjoy a congregate living environment. Before continuing with this application, please read through the criteria to determine if living at Inclusio would be suitable for you.

Please tick as appropriate. Y N

	Y	N
Age: Is over the age of 18	<input type="checkbox"/>	<input type="checkbox"/>
Income: Earns less than \$46,000 in annual individual income	<input type="checkbox"/>	<input type="checkbox"/>
Ability		
o Has limited mobility due to a permanent, congenital or acquired physical disability	<input type="checkbox"/>	<input type="checkbox"/>
o Regularly uses a prescribed mobility aid, safely and independently	<input type="checkbox"/>	<input type="checkbox"/>
o Does not have a history of falls leading to significant injuries, that cannot be managed on an ongoing basis	<input type="checkbox"/>	<input type="checkbox"/>
Health		
o Is medically stable and does not require constant, 24/7 interventions that cannot be supported by AHS Home Care	<input type="checkbox"/>	<input type="checkbox"/>
o Has no significant memory / cognitive impairment (Dementia, Alzheimer’s) and is able to be their own decision maker and manage their own personal affairs.	<input type="checkbox"/>	<input type="checkbox"/>
o Does not require regular nursing interventions (i.e. PICC lines, IVs, complex wound care).	<input type="checkbox"/>	<input type="checkbox"/>
o Does not experience seizures	<input type="checkbox"/>	<input type="checkbox"/>
o Does not have significant swallowing problems which would pose a choking risk or require a modified diet (i.e. thickened fluids or puree)	<input type="checkbox"/>	<input type="checkbox"/>
o Is able to manage the process of administering their medication – either on their own as prescribed by their physician or be willing to engage in medication administration program developed by either AHS Home Care or Accessible Housing	<input type="checkbox"/>	<input type="checkbox"/>
o Does not present with behavioral issues and is able to reasonably manage any mental health conditions and/or substance dependencies	<input type="checkbox"/>	<input type="checkbox"/>
o Takes personal responsibility to ensure they receive proper medical care as required and all medical recommendations are followed	<input type="checkbox"/>	<input type="checkbox"/>

Living in Community:		
<input type="radio"/>	Is interested in living in a congregate living environment	<input type="checkbox"/> <input type="checkbox"/>
<input type="radio"/>	Is respectful in their interaction with other residents and staff	<input type="checkbox"/> <input type="checkbox"/>
<input type="radio"/>	Will participate in regular reviews of service plans, assessments and care plans	<input type="checkbox"/> <input type="checkbox"/>
<input type="radio"/>	Will comply with all laws, regulations and policies pertaining to the health, sanitation and safety of other residents and staff	<input type="checkbox"/> <input type="checkbox"/>
<input type="radio"/>	Does not have any unresolved legal issues that involve any potentially dangerous or criminal behaviors	<input type="checkbox"/> <input type="checkbox"/>
<input type="radio"/>	Is motivated towards personal growth and/or acquiring the skills necessary to maximize independence.	<input type="checkbox"/> <input type="checkbox"/>
Supports		
<input type="radio"/>	Requires some degree of support around activities of daily living (bathing, toileting, clothing, grooming, meal assistance) and personal care assistance	<input type="checkbox"/> <input type="checkbox"/>
<input type="radio"/>	Has a local physician who provides the resident's medical history prior to admission into Inclusio and on an annual basis as required	<input type="checkbox"/> <input type="checkbox"/>

Applicant Information

Please complete all sections and provide information for each question to enable us have a good understanding of who you are. If a question does not apply, please write in N/A.

Applicant Information	
First Name:	
Last Name:	
Birth Date:	
Current Home Address:	
Phone Number:	
Email:	
Date of Application:	
Secondary Contact (i.e. family member, caregiver, etc.)	
First Name:	
Last Name:	
Phone Number:	
E-mail:	
Referral Source (i.e. if referral through social worker, occupational therapist, etc.)	
First Name:	
Last Name:	
Phone Number:	
E-mail:	

1. Please describe your permanent mobility challenge. Is your condition stable or progressive?

2. What mobility aides do you use? With what frequency and for what activities? Can you independently use your mobility aide (without help from anyone)?

3. Describe how you currently self-direct your care – i.e. give directions to care staff about the assistance you need and make decisions about your care.

4. Do you have a Guardianship or Power of Attorney in place? If yes, please provide details.

Yes

No

5. Are you able to comprehend and follow through with prescribed treatment plans from medical professionals – Physician, Homecare, Dietician, OT, PT, etc.?

Yes

No

6. Are you able to fully understand and independently manage your medications?		
	Yes	No
Communicate with the pharmacy		
Arrange medication pick up or drop off		
Safely store medications as required		
Use medication according to physician's prescriptions		
Notify Homecare and Inclusio about changes to your medication		
7. Inclusio is a congregate living environment characterized by some sharing of public-use spaces and amenities. Please indicate any apprehension or challenges you might have with living in this type of environment.		
8. Describe your current living situation, highlighting the current challenges you are experiencing there and why you want to move.		
9. Describe your expectations for living at Inclusio and the value you hope living at inclusio might provide for you.		

10. Inclusio allows residency for licensed service dogs, not pets, companion or emotional support animals.

If you currently have one, what supports would you need with your service dog?

11. Have you been or are you a current Homecare client?

Yes

No

12. Do you have other people (staff, family members) providing support to you on a regular basis? If yes, please provide details.

Yes

No

13. What activities of daily living do you need assistance with?

	No assistance needed	Some assistance needed	Total assistance needed	Who provides this assistance now?
Bathing/showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting - bowel routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting – bladder routines				
Personal grooming/hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating/feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meal preparation (i.e. set-up and cut-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other information about care needs and activities that you require assistance with:

14. What is your total annual income from all sources?

The accommodation charge at Inclusio is based on a ‘rent-geared-to-income’ (RGI) model calculated at 70% of total individual income, less all applicable taxes and payroll deductions for employment income where applicable.

Total individual income is defined as current, regular income earned from a variety of sources including employment, social assistance, monthly insurance payments, Canada pension plan, AISH, old age benefits, income security benefits, investment income, etc.

All residents at Inclusio have their income assessed on admission and annually. Individuals with higher incomes pay higher accommodation charges while individuals with lower incomes pay lower accommodation charges subject to a minimum accommodation charge of 70% of AISH.

For more information about the Inclusio accommodation charge, please visit our website at <https://accessiblehousing.ca/accommodation-charge/>

Total Annual Individual Income:

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Income Source	Amount
Employment Income	
Long Term Disability	
Insurance Payments	
CPP	
OAS	
AISH	
Alberta Works	
Other	

Please provide any additional information about your information that you feel is necessary for the purpose of this application