

Application for Inclusio Residency – Screening Tool

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 possible. Once complete, save this document and email it to intake@accessiblehousing.ca or fax it to (403) 735-2442.

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

Are you over the age of 18?		
Do you have limited mobility due to a permanent, congenital or acquired physical disability?		
Do you regularly use a prescribed mobility aid safely and independently?		
Do you have a history of falls leading to significant injuries that cannot be managed on an ongoing basis?		
Are you medically stable and do not require constant 24/7 interventions that cannot be supported by AHS Home Care?		
Do you have a significant memory / cognitive impairment (Dementia, Alzheimer’s) and cannot be your own decision-maker and manage your personal affairs?		
Do you require regular nursing interventions (i.e. PICC lines, IVs, complex wound care)?		
Do you experience seizures?		
Do you have significant swallowing problems that pose a choking risk or require a modified diet (i.e. thickened fluids or puree)?		
Can you administer your medication – on your own as prescribed by a physician? If not, are you willing to engage in a medication administration program developed by AHS Home Care or Accessible Housing?		
Can you reasonably manage any mental health conditions and/or substance dependencies and do not present with behavioral issues?		
Can you take personal responsibility to ensure you receive proper medical care as required and follow all medical recommendations?		

Are you interested in living in a congregate living environment?		
Are you respectful in your interaction with other residents and staff?		
Will you participate in regular reviews of service plans, assessments and care plans?		
Will you comply with all laws, regulations and policies about the health, sanitation and safety of other residents and staff?		
Do you have any unresolved legal issues involving potentially dangerous or criminal behaviors?		
Are you motivated towards personal growth and/or acquiring the skills necessary to maximize independence?		
Do you require some degree of support around activities of daily living (bathing, toileting, clothing, grooming, meal assistance) and personal care assistance?		

Please complete all sections and provide information for each question to enable us to 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:
Personal Email (Preferred):
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 a social worker, occupational therapist, etc.)
First Name:
Last Name:
Phone Number:
E-mail:

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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 Personal Directive and/or enduring power of attorney? Is it Enacted? If yes, please provide details.		
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 the 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 support 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.

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

Click as applicable	No assistance needed	Some assistance needed	Total assistance needed	Who provides this assistance now?
Bathing/showers				
Toileting - bowel routines				
Toileting – bladder routines				
Personal grooming/hygiene				
Dressing				
Eating/feeding				
Meal preparation (i.e. set-up and cut-up)				
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 structure at Inclusio is comprised of a rent-geared-to-income (RGI) component calculated at 30% of total individual income + Service Fees, subject to a minimum total monthly accommodation charge of \$1,391.32 for 2026

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 and will pay the corresponding rent component as per their RGI calculation. Service fees are the same for all residents. The total accommodation charge is subject to a monthly minimum of \$1,391.32 for 2026.

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

Total Annual Individual Income:

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

Please provide any additional information about your financial / income situation that you feel is necessary for the purpose of this application.