



ADMISSION APPLICATION

KOTITALO SUPPORTIVE HOUSING FACILITY

725 North Street, Sault Ste. Marie, ON P6B 5Z3

Phone: (705) 945-9987

Dear Prospective Resident:

Thank you for your interest in admission to Kotitalo, the Supportive Housing Facility of the Ontario Finnish Resthome Association.

Please find attached a general information page about the facility and several forms requiring completion. These forms include the following:

- ✓ Kotitalo—General Application Form
- ✓ Kotitalo—Medical Assessment Form

Note that the Supervisor at the Ontario Finnish Resthome Association determines your eligibility for admission. You can find a description of the eligibility criteria on the facility information page.

Also note that the cost of the medical assessment is at your expense and that additional medical assessments may be required before you are admitted. These are also at your expense.

Please return ALL completed forms to the Ontario Finnish Resthome Association, 725 North Street, Sault Ste. Marie, ON P6B 5Z3. All information is confidential when completed.

Thank you.



THE KOTITALO SUPPORTIVE HOUSING FACILITY

of the Ontario Finnish Resthome Association (OFRA)



Services at Kotitalo:



- 24 hour Emergency response (Lifeline). Available 24 hours, 7 days a week to ensure personal safety and wellbeing.
- Limited personal care services (e.g., assistance with one bath weekly).
- AM/PM Care for residents awaiting nursing home placement or post hospitalization.
- Bi-weekly bed sheet changes.
- Medication Assistance (daily administration or reminders based on availability on program).
- Planned recreational and leisure services (e.g., shopping trips, outings to St. Joseph's Island, church services, weekly entertainment such as, bands, sing-a-longs, choirs and seasonal activities).
- Lunch and supper provided daily with afternoon and evening snacks. (Breakfast is the resident's responsibility, although breakfast muffins and coffee are available at cost in the dining room).
- Weekly laundry services
- Weekly housekeeping services
- Limited nursing services may be available.
- Foot care nurse—fee-for-service
- Dental Care-Hygienist, fee-for-service
- Hearing care clinics—every 2 months
- Blood pressure clinics by volunteer nurses—once per month
- Optometrist—visits every three months
- Physiotherapist
- Milk delivery—weekly
- Hairdressing services—available five days per week and every second Saturday
- Mail Delivery – out going mail collected Monday thru Friday.



Rates for Rent and Care-related Services:



Note that bachelor and special bachelor apartment rents are geared to 30% of monthly income. Also note that Supportive Housing rates may be subject to change. Rates below are effective September 01, 2013.



Monthly Costs

Rent

**Supportive Housing

Total

▪ Bachelor	\$531.00	\$ 729.00	\$1,260.00
▪ Special bachelor	\$509.00	\$ 729.00	\$1,238.00
▪ One Bedroom** (single)	\$726.00	\$1,420.00	\$2,146.00
▪ One Bedroom** (couple)	\$726.00	\$1,458.00	\$2,184.00



Note:

- A home ownership may prevent you from being approved for admission as a resident unless you can demonstrate that the house is in the process of being sold.
- Until the house is sold, you will not be eligible for any rent subsidy until the Ontario Finnish Resthome Association receives proof of the sale of the home.
- Kotitalo is exempt from Municipal Property Taxes and the rent payments do not qualify for calculating Property Tax Credits.
 - For more detailed information regarding Care services at Kotitalo, call Supervisor at 945-9987 Ext. 225.
 - For Tours please call Volunteer/Special Events Supervisor at 945-9987 Ext.207.
 - For Application please call The Ontario Finnish Resthome Association at 945-9987.

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THE KOTITALO SUPPORTIVE HOUSING FACILITY

of the Ontario Finnish Resthome Association (OFRA)

725 North Street, Sault Ste. Marie, ON P6B 5Z3

Phone: (705) 945-9987

GENERAL INFORMATION



- Founded in 1982.
- Three-storey building with elevator.
- 102 separate units with balconies — 24 one-bedroom, seven special bachelor and 71 bachelor. Note that each unit has a bathroom and a small kitchenette. The kitchenette includes a sink unit with a small fridge and a two-burner hot plate (no oven).
- A large communal dining room, a large lounge space with a fireplace and pool table, a sauna and an activity kitchen with an oven for residents' use can be found on the main floor. Note that common lounge spaces are also located on each floor.
- Personal electronic alarm system for emergencies.
- Free resident and visitor parking (Note that there are no electrical outlets for block heaters).
- Smoking not allowed in apartments, balconies, bathrooms, and all public indoor areas.
- Smoking is only permitted outdoors in the designated area (rear entrance/courtyard).
- OFRA administrative offices are also housed at Kotitalo.

Eligibility Criteria for Admission:

Note that a physician is required to complete a medical assessment prior to admission and that The Ontario Finnish Resthome Association determines eligibility for admission and manages the admission application process. Furthermore, in order to be admitted and continued admission, care requirements cannot exceed the supportive housing program's ability to meet your needs.

A new applicant must meet ALL of the following criteria in order to be approved for admission:

- Disabled adult (55 years of age or older) or adult aged 65 year of age or older.
- Have a medical assessment (Functional and Social Assessment) on file that has been completed within the last year and indicates that the applicant is suitable for admission to a supportive housing facility.
- Care requirements can be met by the Supportive Housing Program.
- Must be able to ambulate independently or by using an assistive device (e.g., wheelchair). Note that if using an assistive device must be able to transfer self from wheelchair to chair or to bed independently. Motorized wheelchairs/scooters are not permitted.
- Must be able to complete his/her daily personal care, such as dressing and daily washing (unless partner able to provide this care).
- Must be mentally alert and not at risk of wandering outside or at risk of safety to self or others.
- Must not be incontinent of bowel or bladder functioning unless able to change self.
- Must be able to prepare own breakfast.
- Must be able to control and take his/her own medications
- Supervisor at Kotitalo will do admission assessment to determine eligibility to supportive housing.

Joint applicants i.e. spouse/partner to the supportive housing facility are to be assessed separately.





KOTITALO—General Application Form
The Ontario Finnish Resthome Association
725 North Street Sault Ste. Marie, ON P6B 5Z3
Phone: (705) 945-9987

0207-05

1. PERSONAL INFORMATION:		
	Applicant	Co-Applicant
Name		
Address		
City & Postal Code		
Telephone		
Date of Birth		
Ontario Health Card #		
Alternative Contact's Name: Do you wish your mail sent to this address: YES <input type="checkbox"/> NO <input type="checkbox"/> Do you wish us to contact this person when an apartment become available: YES <input type="checkbox"/> NO <input type="checkbox"/> Name: _____ Relationship: _____ Address: _____ City: _____ Postal Code: _____ Telephone: Home: _____ Work: _____ Cell: _____		
Alternative Contact's Name: Do you wish your mail sent to this address: YES <input type="checkbox"/> NO <input type="checkbox"/> Do you wish us to contact this person when an apartment become available: YES <input type="checkbox"/> NO <input type="checkbox"/> Name: _____ Relationship: _____ Address: _____ City: _____ Postal Code: _____ Telephone: Home: _____ Work: _____ Cell: _____		
Other Information:		
Ethnicity: Do you qualify for admission based on Finnish or Estonian ancestry? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Apartment: What type of apartment are you interested in? Bachelor <input type="checkbox"/> Special Bachelor <input type="checkbox"/> 1-Bedroom <input type="checkbox"/>		
Vehicle: Will you require a parking spot for a vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DECLARATION:		
1. I (we) declare that the information submitted on this form is correct and authorize the Ontario Finnish Resthome Association to verify any or all of the information herein. 2. I (we) understand that home ownership will prevent me (us) from being eligible for any rent subsidy unless I (we) can demonstrate that the house is in the process of being sold and when sold The Ontario Finnish Resthome Association has received proof of the sale of the home. 3. I (we) also understand that Kotitalo, 725 North Street, Sault Ste. Marie, is exempt from Property Taxes and that rent payments do not qualify for calculating Property Tax Credits. 4. I (we) consent for this information to be made available to Community Care Access Centre (CCAC) Applicant's Signature: _____ Date: _____ Co-Applicant's Signature: _____ Date: _____		



Ontario Finnish Resthome Association
KOTITALO – PHASE 2
SUPPORTIVE HOUSING/ASSISTED LIVING
MEDICAL ASSESSMENT

0207-15

Dear Doctor: Your patient is bringing this form to you for completion as part of the application process to the Kotitalo Supportive Housing Facility of the Ontario Finnish Resthome Association (OFRA). An information sheet about Kotitalo is attached to help you determine the suitability of your patient for admission. Please fax the completed form to 945-1285 or have the individual bring the form to the Ontario Finnish Resthome Association. Also note that your patient has been informed that he/she is responsible for any costs related to the completion of this form.

PATIENT'S PERSONAL INFORMATION:

Name: _____

Date of Birth: _____

DIAGNOSIS & DATE OF ONSET:

Is patient aware of diagnosis? Yes ☐ No ☐

BRIEF HEALTH HISTORY :

History of VRE? Yes ☐ Date: _____

No ☐

Date of Latest Flu Vaccine: _____

History of MRSA? Yes ☐ Date: _____

No ☐

Date of Pneumococcal Vaccine: _____

Date of Last Chest X-ray: _____

Date of last TB skin test: _____

Results: _____

Results: _____

PRESENT MEDICATION LIST:

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

ALLERGIES/DRUG SENSITIVITY:

PRESENT FUNCTIONAL ABILITY & CONDITION:

(Please outline any ambulatory problems, cognitive problems, emotional/social concerns, difficulties carrying out activities of daily living, etc. Feel free to use the back of this sheet as well, if necessary.)

SPECIAL NEEDS (i.e., colostomy, special diet, oxygen, etc.). Please describe fully, including treatment or intervention required:

In your opinion, does this patient's care requirement exceed the admission criteria as described on the attached information page about Kotitalo? Yes ☐ No ☐

Physician's Signature: _____ Date: _____

Physician's Name (Please print): _____ Office Ph. #: _____

Thank you for your assistance!