

Application for Possible Residency

Candidates Information:

Name:	
Address:	
Phone Number:	
Date of Application:	
If someone other than the interested candidate is filling out this application on the behalf, please fill in the following information: Name of person filling in the information:	ir
Phone number:	
The best method for communication and application is via email. Please provide a contac	t
Relationship to the applicant:	
Do you live with the applicant?YesNo	



Dear Interested Candidate,

The Jah-Jireh Retirement Home is a Not-for-Profit Charitable Corporation for Jehovah's Witnesses located in Beamsville, Ontario. We are a Retirement Home with a full Ontario Retirement Home Licence dedicated to assisting our elderly brothers and sisters in their time of need.

This Home has been provided exclusively for Jehovah's Witnesses. The home provides a warm spiritual environment for all our residents.

Jah-Jireh is a *Retirement Home* not a Nursing Home. New residents need to meet a certain "level of care criteria" so that we are able to give the proper and needed care to each resident. Answering the questions in this application helps us to determine if we are able to give the level of care that is needed to each resident on an individual basis. This is just the first step in the application process. A full application and assessment will still need to be completed before being accepted.

We look forward to learning a little about you and determining if Jah-Jireh is the right fit for you.

Please fill in the application and return to our Administration office by mail or email.

Thank you.

Sincerely,

Jah-Jireh Administration lindap@jah-jireh.on.ca

JAH-JIREH SENIORS MINISTRY ASSOCIATION APPLICATION FOR POSSIBLE RESIDENCY

Thank you for your interest in the Jah-Jireh Retirement Home. Please answer *all* of the following questions accurately, and in detail, including the areas for comment.

Ge	eneral Information	:			
1.	Name:	First	_		
2.	Date of Birth:/	$\frac{1}{1}$			
3.	Do you currently live a	lone?YesN	o Marital Status?	d)	
	If no, what is your cur	rent living situation?	·		
4.	Are you currently receiving personal care assistance?YesNo				
	If yes, what are the arrangements and please describe the level of care you are receiving:				
				_	
He	ealth Related Infor	mation:			
5.	Please circle any of the following medical conditions that currently apply to you:				
	Asthma	Thyroid Disease	Diabetes Type 1 (Insulin dependent))	
	Parkinson's	Depression	Diabetes Type 2		
	Alzheimer's	Dementia	Heart Disease		
	High Blood Pressure	Sleep Apnea	Cancer		

6. Please list *any* other current health problems: _______

Please list all medications taken: _______

(attach copy if more room needed) ______

Allergies (If yes, what kind):

Mobility:
7. Are you mobile?YesNo
8. Do you need assistance?YesNo
9. Do you require a wheelchair?YesNo
10. Do you use a walker?YesNo
11. Have you within the last year been taken to the hospital for health concerns?YesNo
If yes, why?
Cognition:
12. Do you have difficulty with short term memory?YesNo
13. Are you inclined to wander?YesNo
14. Have you been diagnosed with Alzheimer's?YesNo
15. As we get older, it's very normal to have issues with memory. Please explain how you think you're doing, or any concerns you have with memory, problem solving, etc:
General:
16. Do you require a specialized diet?YesNo If yes, explain:
17. Do you have vision problems?YesNo If yes, explain:
18. Do you sleep well at night?YesNo
19. Do you have hearing problems?YesNo If yes, explain:
20. Do you require oxygen?YesNo

21.	Do you ha	ve problems wi	th continence?				
	Bladder:	None	Occasionally	Frequently			
	Bowels:	None	Occasionally	Frequently			
22.	Are you ab	ole to look after	you own regular perso	onal hygiene?Yes	sNo		
23.	Do you ha	ve problems wi	th balance?Yesl	No			
24.	Have you l	had any falls in	the last year?Yes_	No			
25.	How do yo	ou interact with	others?Very well_	Somewhat well	_With difficulty		
26.	Have you l	lived in a Retire	ement or Nursing Hom	e before?Yes	_No		
27.	How do yo	ou feel about co	ming to live at Jah-Jire	h?			
Ro	oming:						
28.	8. Are you looking for long term care or respite?Long termRespite						
29.	Small priv Medium p Medium p	vate with shared private with shad private with priv	ou interested in? (See and bathroom red bathroom vate bathroom e bathroom	attached price list)			
34.	How soon	would you be i	nterested in residency	at Jah-Jireh?			
	-	_	first application for po be in touch with you.	ssible residency at Jah	n-Jireh. We will		
If y	ou have an	ıy questions, ple	ease feel free to contac	t us.			
Ad 456 Bea L3] (90	ministrati 05 Thirty amsville, 1V7	Rd. RR3 Ontario :95 (phone)	Association				

lindap@jah-jireh.on.ca

Types of Accommodation

The following types of accommodation are available at the Residence for the monthly charges set out below:

ACCOMMODATION STYLE/PKG	MONTHLY CHARGE*	
Small Private with shared bath	\$2,600.00	
Medium Private with shared bath	\$2,850.00	
Medium Private with private bath	\$2,950.00	
Large Private with Private bath	\$3,500.00 *add \$500.00 for sec person/double occupancy (\$2,000.0	

Care Service Package and Meals

The following services are included in the room packages above

- onsite caregivers 24/7
- call monitors in room
- · assistance with dressing
- assistance with ambulation
- assistance with personal hygiene
- continence care
- weekly housekeeping
- weekly exercise class
- 24 hour emergency response system
- provision of breakfast, lunch & dinner in main dining room; 3 pm + 8 pm snack & tea time
- some therapeutic diets as prescribed by a physician may be available on consultation and additional fees may apply
- administration of drugs via med packs are provided by our pharmacy. Residents are also free to use their preferred pharmacy if they wish to
- medication assistance
- assistance with entering/exiting shower
- monthly events planned
- transportation to local appointments (doctors, dentists, eye care, etc.)
- Doctors will make house visits when required. Residents may choose doctor of their choice and provide their own transportation if preferred
- weekly laundry
- mending of clothes
- free WIFI
- Sprinkler system in all areas, including residents' suites

Additional Fees:

We provide transportation for local doctors, dentist and eye appointments, etc., however long distance appointments outside of Grimsby, Beamsville, and Smithville will incur a charge of \$95.00 for a caregiver to take a resident on the appointment if family is not available to take them. Residents are free to select their own doctor and provide their own transportation to and from appointments if they prefer. Med packs are used via our pharmacy and direction of local pharmacist at cost to the resident.

Not included: Cable TV, Phone, all other personal items

Staffing Levels and Qualifications

Jah-Jireh has two caregivers on staff 24/7. As well as daily housekeepers, laundry staff, kitchen staff, maintenance staff and Administrator.