

**Cover Page for Home Services Study Project**

**To accompany: Letter to former Candle Lake Residents from the Candle Lake Health Committee**

To confirm our belief that some former residents leave Candle Lake for health reasons that may be related to a need for services that Candle Lake does not presently offer, we are gathering information about residents that move away

We will be asking questions about any reasons related to health that could contribute to our former residents' decision to move away from our community. Information of a personal nature will be held in a confidential manner.

The information gathered will be used to study missing services, and to attempt to improve the choices our residents have as their health needs change over time. This information will be safeguarded by the Health Committee at the Health Center, using the summary data to enhance the efforts by organizations and individuals to address those identified services.

We are proud of the nursing services our community has attained, and will support the development of a full range of health and home services for our residents here at home.

We are grateful for the assistance you could provide to our project.

Candle Lake Health Committee

Candle Lake Health Committee  
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DATE \_\_\_\_\_

Dear Former Resident:

The Candle Lake Health Committee is gathering information about reasons related to our health that could contribute to our former residents' decisions to move away from our community.

Would you be willing to share your information with us? \_\_\_\_\_

When did you move away from Candle Lake? \_\_\_\_\_  
How long were you a Candle Lake resident? \_\_\_\_\_ Seasonal \_\_\_\_\_ Permanent \_\_\_\_\_

Did your health condition change while you lived here? \_\_\_\_\_  
What are [were] the main reasons for moving away from Candle Lake?  
\_\_\_\_\_  
\_\_\_\_\_

Did you know about or use the Candle Lake Health Clinic? \_\_\_\_\_ How Often? \_\_\_\_\_

Was access to health services one of the main reasons for leaving?  
Please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examples of possible health services:  
Emergency Care                      Nurse \Practitioner                      Blood work or other testing  
Family Doctor                      Prescriptions/ Drug Store  
Medical Specialists                      Therapies [which ones]

Was your access to the following home services involved in your decision to relocate? YES NO

1. Yard care- lawns, trees, snow removal
2. Housekeeping
3. Home maintenance- repairs, painting, windows
4. Shopping
5. Personal care- bathing, dressing
6. Assistance with meals
7. Social contact and friends
8. Confidence/ security

Do you have comments about how living at Candle Lake could have been enhanced for you?  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for helping us by sharing your experience. We will guard the privacy of your information, if you desire. We also hope to improve the options available to our residents.

Candle Lake Health Committee

Completed by telephone by \_\_\_\_\_ Date \_\_\_\_\_