

PERSONAL CARE HOME ADMISSION APPLICATION

PERSONAL CARE RESPITE DAY PROGRAM

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

PHONE: _____ CELL: _____

EMAIL: _____

DATE OF BIRTH:Day / Month / Year S.H.P.: _____

ALTERNATE CONTACT:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

PHONE: _____ CELL: _____

EMAIL: _____

We are interested in considering your application for future residency in the Hyde Park View Personal Care Home. To assist us in this process, we would like some information regarding your situation.

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How/ from whom did you hear about the Personal Care Home?

How are you managing in your present situation? Are you receiving support from family, friends or community agencies? Please specify.

In the past six months, has your health changed? If so, what are new problems you are encountering in performing your daily activities?

When a vacancy occurs, all applications will be reviewed. In helping with your plans, when do you wish to move from your present situation into the Personal Care Home?

Immediately:

3 – 6 months:

Other: _____

We would like to thank you for considering Hyde Park View Personal Care Home as a potential future residence. We will contact you within two business days regarding your application.

Prior to admission we will need to complete a further assessment of your needs to ensure we can adequately and safely manage your care. In this process, we may need to contact CPAS, Saskatoon Health Region as this office has the authority to provide client assessments for community services, Personal Care Homes, and provides access to Long-Term Care planning options. Our focus is to serve your needs well and we wish to take most care in planning for your transition into our facility.

All information will be held in confidence as per our policy. With the completion of this application and your signature(s) or alternative representative(s), you and/or an alternate representative agree and understand the above process and only necessary information will be obtained.

DATE: _____

APPLICANT: _____

ALTERNATIVE REPRESENTATIVE: _____

DATE OF RECEIVED APPLICATION: _____

RECEIVED BY: _____

CRITERIA FOR ADMISSION

1. Upon admission, clients must have light to moderate care needs as outlined in PCH regulations. Staff will be allocated on a staff/client ration of 1:8, or 1:12 depending on the attending care needs of the unit.
2. Clients may need daily personal care assistance, medication monitoring, and general supervision of daily activities. Social, spiritual and recreational needs will also be promoted.
3. Clients must not require the need of mechanical equipment, such as bed lifts, as staff are not able to lift clients or use mechanical lifts during transfers. The Regulations forbid this type of care and staff responsibility.
4. Clients who suffer from the symptoms of dementia, such as wandering, behaviour problems, mood disorders will be thoroughly assessed in view of the PCH's staffing capacity and response devices (controlled exit alarms) to deal with these concerns in a safe manner.
5. If client's health conditions change and there is expressed and written concerns from PCH staff about his/her suitability to safely meet his/her care needs, steps will be taken in consultation with the client and designated family support to discuss future planning options with the PCH Manager. Part of the Licensing requirement is that all care needs must be met safely for the benefit of the client. If client's needs escalate, discussions will occur as to the best action plan which could include more family support, hospital emergency intervention, referral to community agencies specializing in client's difficulties and possible private agency supportive care contracting.
6. We are a facility which encourages mutual family participation in the Resident's activities. Social interaction, frequent visiting and assistance with errands and transportation would be welcomed. Any positive support can benefit the Resident's emotional and mental health as

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he/she is dealing with many concerns primarily related to physical/functional changes for which they have limited control.

7. Completion of an Admission Assessment, prior to occupancy, will outline the needs of the Resident and if the Personal Care Home can adequately assist in the person's care. Additional information may be required from other sources such as CPAS for which consent has been given on the initial application form.

Following reception of this initial application, Hyde Park View staff will be in contact regarding the application and will help you take the next step toward making Hyde Park View your new home.