

PASQUA FIRST NATION INDEPENDENT LIVING COMPLEX CONFIDENTIAL APPLICATION FOR TENANCY FORM

SECTION 1. PERSONAL INFORMATION

A. Applicant's Full Name: _____

Current Address: _____
Street City/Prov. Postal Code

Phone Number(s): _____
Home Cell Other

Social Insurance Number: ____ - ____ - ____ Personal Health Number: _____

Treaty Number: _____ First Nation: _____

Date of Birth: _____

Spouse's Full Name (If Applicable) _____

Immediate Family Members (If Applicable) _____

B. Brief description of physical and/or cognitive challenges: _____

C. Have you required psychiatric support? Yes _____ No _____

If yes, please describe the circumstances:

D. Please identify any medical issues that we should be aware of. (Hepatitis C, HIV, Heart, etc)

E. Will you be having overnight guests? Yes _____ No _____

SECTION 4 ALLERGIES

A. Please list all known allergies:

Medication _____

Food _____

Other _____

SECTION 5 MEDICATIONS

A. Please list all prescribed and over-the-counter medications you are currently using. Explain how they are administered (orally, IV, intramuscular, etc):

Prescription

Administering Method

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

- _____
- _____
- _____
- _____
- _____

Over-the-Counter

Administering Method

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

- _____
- _____
- _____
- _____
- _____

SECTION 6 CHEMICAL DEPENDENCIES

A. Do you have problems with dependency on alcohol and/or drugs presently or have you had problems with dependency on alcohol and/or drugs in the past (illicit or prescription/non-prescription medications)? Yes _____ No _____

If yes, please describe the circumstances: _____

D. Have you ever been assessed for Long Term Care? Yes _____ No _____

If yes, give date and assessment level (if known):

Date of Assessment _____ Level of Assessment _____

SECTION 9 EMERGENCY CONTACT

A. Please list two people as emergency contacts:

Name: _____ Relationship: _____

Address: _____ Phone Number(s): _____

Name: _____ Relationship: _____

Address: _____ Phone Number(s): _____

SECTION 10 AUTHORIZATION

I hereby authorize the Independent Living Complex Representative to obtain and use medical reports, social reports and other information as may be required to establish me with the most suitable level of care as a client in its Independent Living Complex. I also understand that this information will be used with the utmost discretion and regard for my privacy and will be treated as confidential information by the Representative.

APPLICANT'S SIGNATURE

DATE

PFN ILC REPRESENTATIVE'S SIGNATURE

DATE

WITNESS'S SIGNATURE

DATE

Treatment and Management:

Please check off the Level of Care (Services) you feel is most appropriate for the applicant

No Level

Level I Care (Services)

Essentially independent but may need some guidance for supervision in the activities of daily living. Staff time for care averages 20 minutes a day.

Level II Care (Services)

Supervision and assistance may be needed with personal hygiene and grooming. Safely ambulant with or without mechanical aids or independent at wheelchair level. Usually content. Able to feed self. Some supervision and direction may be needed for behavioral problems: Staff time for care averages 45 minutes a day.

Level III Care (Services)

All Degrees of supervision and assistance may be needed in the activities of daily living. Basic nursing care is usually required. Supervision and direction may be given for emotional and behavioral problems which do not endanger life or property: Care at this level is carried out under the supervision of a Registered Nurse or Registered Psychiatric Nurse as directed by attending Physician. Staff time for care averages two hours a day.

Level IV (Services)

All patient care is carried out under continuing medical supervision and all nursing care is carried out under professional supervision. Emergency and consultative medical services and highly skilled technical nursing services must be readily available with required. Staff time for care averages more than two hours a day.

- A. Specialized Supervisory Care- where the emphasis lies on the management of advanced mental deterioration with its attendant problems. Physical conditions requiring continuing medical supervision are likely to co-exist.
- B. Supportive Care- where the emphasis lies on skilled nursing care and specialized Techniques to arrest or retard deterioration.
- C. Restorative Care- where the emphasis lies on a slow paced restorative program designed to improve functional ability to the extent that care at home or at a Level I to III may be achieved.

Physician's Signature

____/____/____
Year Month Day

Address

Confidential once complete