



Date Received _____

Date/Reason Closed _____

Better at Home – Intake Form

Better at Home provide **seniors aged 55 and older** with assistance for non-medical day-to-day tasks so that they can continue to live independently in their own homes.

Instructions - Fill in as much detail as possible. Additional information is appreciated but not necessary. Once complete, fax or email to: **Shaelee Gummer** | email: sgummer@mpnh.org | fax: **604-879-4136**

(Office use only)	Intake Date:
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PERSONAL INFORMATION			
Last Name		First Name	
Phone Number		Date of Birth:	
Full Address			Postal Code
Email Address			
Gender		Marital Status	
Language Spoken at Home		Need language specific Volunteer?	YES/NO
Other Languages Spoken		Ethnicity	
Emergency Contact Name		Preferred Phone Number	
Relationship		May we contact this person?	YES/NO
Is there a Preferred Contact Person?	YES/NO		

PREFERRED CONTACT PERSON INFORMATION			
Last Name		First Name	
Phone Number		Email	
Full Address			
Relationship			

HOUSEHOLD INFORMATION			
Type of accommodation		Number of bedrooms	
General Condition		Other household information	
Living Arrangement	<input type="radio"/> Alone <input type="radio"/> Family <input type="radio"/> Friend <input type="radio"/> Spouse <input type="radio"/> Roommate		
Does the home have any pest infestations? YES/NO		Pets? YES/NO	Smoking YES/NO

CLIENTS PRESENT SITUATION			
Mental Health (overall description, memory, depression etc.)		Physical Health	
Doctor Name		Phone Number	
Medications	YES/NO	Approximate Number of medications?	
Mobility (low, moderate, good)		Mobility Aids?	
Hearing?		Vision?	
Other useful information			
Is the client receiving personal care or other services? (physio, case manager, VCH)			

REFERRAL SOURCE	
Name & Organization, if applicable. If self-referral, how did you hear about Better at Home?	

BETTER AT HOME SERVICES	
Service(s) requested	<input type="radio"/> Assisted grocery shopping <input type="radio"/> Housekeeping <input type="radio"/> Friendly visiting <input type="radio"/> Transportation <input type="radio"/> Shopping shuttle <input type="radio"/> Handy person <input type="radio"/> Social/recreational programs

Service Requested	Preferred Day	Preferred time	Weekly or bi-weekly	Other notes M/F Hskpr?

NOTES AND OTHER RELEVANT INFORMATION

SERVICE FEES				
<p><i>Volunteer services</i> (friendly visiting, assisted grocery shopping, transportation, handy person) are provided by donation. <i>Light housekeeping services</i> are provided on a sliding scale (rates are per hour) based on your previous year's tax assessment (Notice of Assessment):</p>				
<p align="center">2018 Sliding Scale Subsidy. * Based on hourly rate. Income is based on previous year's "CRA - Notice of Assessment"</p> <p align="center">DO NOT email or fax any tax information</p> <p align="center">We will require to a copy of last year notice of assessment during the home visit</p>				
Single Income	Household Income	Fee Category	Basis	Charge to Client
Below \$17,666	Below \$26,921	A	Guaranteed Income Supplement (GIS)	\$0.00 (100% subsidy) Donations Appreciated
\$17,667 - \$24,957	\$26,922 - \$37,777	B		\$8.50 (70% subsidy)
\$24,958 - \$31,678	\$37,778 - \$54,888	C	Above GIS cutoff, but below average income	\$13.50 (50% subsidy)
\$31,679 - \$38,400	\$54,889 - \$72,000	D	Above GIS cutoff, but below average income	\$17.50 (30% subsidy)
Over \$38,400	Over \$72,000	E	Average income for BC persons aged 65+	\$25.00 (no subsidy)

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Proof of gross income provided (most recent tax assessment with current address)					Yes/No
Would the fees charged for Better at Home services result in significant hardship for the client? (i.e. inability to pay utilities, rent, purchase medications or groceries, or meet other financial obligations? Please describe:					Yes/No
Assessed fee category:		Adjusted fee category:		Service fees explained and agreed to?	Yes/No
Intake Date:		Staff Signature:			