MPNH

United Way

Better at Home

United Way helping seniors remain independent.

Better at Home is funded by the Government of British Columbia.

Better at Home –Intake Form

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**

Intake Date:

For Office Use Only

☐ **Ent in D.B.** ☐ **Houskeep** ☐ **Transport** ☐ **Friendly Visit** ☐ **Volunteer Shopping** ☐ **Shopping Shuttle** ☐ **Handy Person**

☐ **Intake Form Signed** ☐ **Service Contract Signed** ☐ **Conset Form Signed** ☐ **Policies Form Signed** ☐ **Shuttle Form Signed**

PERSONAL INFORMATION			
Last Name		First Name	
Phone Number		DOB/Age	
Full address			
Gender		Marital Status	
Language Spoken at Home		Need language specific Volunteer?	YES/NO
Emergency Contact Name		Preferred Phone Number	
Relationship		May we contact this person?	
Alternate or Preferred contact person?		YES/NO	

ALTERNATE OR PREFERRED CONTACT PERSON INFORMATION			
Last Name		First Name	
Phone Number		Email	
Full address			
Notes:			

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HOUSEHOLD INFORMATION			
Type of accommodation		Number of bedrooms	
General Condition		Other household information	
Living Arrangement	◯Alone ◯ Family ◯ Friend ◯ Spouse ◯ Roommate		
Does the home have any pest infestations?	YES/NO	Pets?	YES/NO

CLIENTS PRESENT SITUATION			
Mental Health (overall description, memory, depression etc.)		Physical Health	
Doctor Name		Phone Number	
Medications	Y/N	Approximate Number of medications?	
Mobility (low, moderate, good)		Aids?	
Hearing?		Vision?	
Other useful information			
Is the client receiving personal care or other services? If so, please describe. (physio, case manager, care aid)			
Is the client receiving publically funded Home supports? Who is providing this?			

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BETTER AT HOME SERVICES	
Service(s) requested	◯ Assisted grocery shopping ◯ Friendly visiting ◯ Shopping shuttle ◯ Social/recreational events ◯ Housekeeping ◯ Transportation ◯ Handy person
Referral Source (Name & Organization if applicable)	

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

NOTES AND OTHER RELEVANT INFORMATION:

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SERVICE FEES					
Assisted grocery shopping, friendly visiting, are provided **by donation**.					
Sliding scale for light housekeeping service (rates are per hour)					
Proof of gross income (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

The Following sections are for internal use only.

2016 Sliding Scale Subsidy: *Based on a service such as Housekeeping for 1 Hour at $25 per hour (approximate hourly rate) Income is based on previous year's "Notice of Assessment" - CCRA				
Single Income	**Household Income**	**Fee Category**	**Basis**	**Charge to Client**
Below $16,200	Below $26,450	A	Guaranteed Income Supplement (GIS)	$0.00 (100% subsidy) **Donations Appreciated**
$17,351 - $24,370	$26,451 - $41,640	B		$7.50 (70% subsidy)
$24,371 - $31,390	$41,641 - $56,820	C	Above GIS cutoff, but below average income	$12.50 (50% subsidy)
$31,391 - $38,400	$56,821 - $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)
Intake date:		**Staff Signature**		